| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| EASTERN DISTRICT OF NEW YORK                    | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Cezary First name  S Middle name  Wysocki Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Cezary Wysocki   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-9973  |   |

| Del | otor 1 Cezary S Wysocki   |   | Case number (if known)   |
|-----|---|---|--|
|     |   |   |  |
|     |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4.  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|     | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|     |   | EINs  | EINs   |
| 5.  | Where you live  |   | If Debtor 2 lives at a different address:  |
|     |   | 50 Tree Road<br>Centereach, NY 11720  |  |
|     |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|     |   | Suffolk   |  |
|     |   | County  | County   |
|     |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|     |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6.  | Why you are choosing this district to file for  | Check one:  | Check one:   |
|     | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|     |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|     |   |   |  |
|     |   |   |  |

| Deb | otor 1 Cezary S Wysocki  |            |                             |   |   | Case number (if known)  |                 |
|-----|--|------------|-----------------------------|---|---|---|-----------------|
|     |  |            |                             |   |   |   |                 |
| Par | t 2: Tell the Court About Y  | our Bank   | ruptcy Ca                   | ase   |   |   |                 |
| 7.  | The chapter of the Bankruptcy Code you are   |            |                             |   | h, see <i>Notice Required by</i><br>1 and check the appropria | r 11 U.S.C. § 342(b) for Individuals Filing for Bate box.   | ankruptcy       |
|     | choosing to file under   | ■ Chapt    | er 7                        |   |   |   |                 |
|     |  | ☐ Chapt    | er 11                       |   |   |   |                 |
|     |  | ☐ Chapt    | er 12                       |   |   |   |                 |
|     |  | ☐ Chapt    | er 13                       |   |   |   |                 |
| 8.  | How you will pay the fee   | abo<br>ord | out how your<br>er. If your | ou may pay. Typically,                                    | if you are paying the fee y                                   | ck with the clerk's office in your local court for rourself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card o | k, or money     |
|     |  | ☐ Ine      | ed to pa                    | y the fee in installmen                                   | nts. If you choose this opti                                  | on, sign and attach the Application for Individu  | ıals to Pay     |
|     |  | ☐ I re     | quest that                  | quired to, waive your fe                                  | You may request this optice, and may do so only if yo         | on only if you are filing for Chapter 7. By law, a<br>our income is less than 150% of the official po   | verty line that |
|     |  |            |                             |   |   | in installments). If you choose this option, you call Form 103B) and file it with your petition.  | must fill out   |
| 9.  | Have you filed for   | ■ No.      |                             |   |   |   |                 |
|     | bankruptcy within the last 8 years?  | ☐ Yes.     |                             |   |   |   |                 |
|     | ,  | 00.        | District                    |   | When  | Case number   |                 |
|     |  |            | District                    |   | When  | Case number   |                 |
|     |  |            | District                    |   | When  | Case number   |                 |
| 10. | Are any bankruptcy   | ■ No       |                             |   |   |   |                 |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes.     |                             |   |   |   |                 |
|     |  |            | Debtor                      |   |   | Relationship to you   |                 |
|     |  |            | District                    |   | When  | Case number, if known   |                 |
|     |  |            | Debtor                      |   |   | Relationship to you   |                 |
|     |  |            | District                    |   | When  | Case number, if known   |                 |
| 11. | Do you rent your   | ■ No.      | Go to                       | line 12.  |   |   |                 |
|     | residence?   | ☐ Yes.     | Has yo                      | our landlord obtained a                                   | n eviction judgment again                                     | st you?   |                 |
|     |  |            |                             | No. Go to line 12.  |   |   |                 |
|     |  |            |                             | Yes. Fill out <i>Initial Sta</i> this bankruptcy petition |   | Judgment Against You (Form 101A) and file it  | as part of      |
|     |  |            |                             |   |   |   |                 |

| Deb | otor 1 Cezary S Wysock  | i                  |                   |   | Case number (if known)   |
|-----|---|--------------------|-------------------|---|--|
|     |   |                    |                   |   |  |
| Par | t 3: Report About Any Bu  | ısinesses          | You Own           | as a Sole Proprie                         | tor  |
| 12. | Are you a sole proprietor   |                    |                   |   |  |
|     | of any full- or part-time business?   | ■ No.              | Go to I           | Part 4.                                   |  |
|     | A calla grannitatanakin in a  | ☐ Yes.             | Name              | and location of bus                       | siness   |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    |                   | of business, if any                       |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Numbe             | er, Street, City, Sta                     | te & ZIP Code  |
|     | it to this petition.  |                    | Check             | the appropriate bo                        | ox to describe your business:  |
|     |   |                    |                   | Health Care Busin                         | ness (as defined in 11 U.S.C. § 101(27A))  |
|     |   |                    |                   | Single Asset Real                         | Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |                    |                   | Stockbroker (as d                         | efined in 11 U.S.C. § 101(53A))  |
|     |   |                    |                   | Commodity Broke                           | er (as defined in 11 U.S.C. § 101(6))  |
|     |   |                    |                   | None of the above                         | e  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation | s. If you ind     | dicate that you are<br>w statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small   | ■ No.              | I am no           | ot filing under Chap                      | oter 11.   |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am fil<br>Code. | ing under Chapter                         | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|     |   | ☐ Yes.             | I am fil          | ing under Chapter                         | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Par | t 4: Report if You Own or   | · Have Any         | Hazardoi          | us Property or An                         | y Property That Needs Immediate Attention  |
| 14. | Do you own or have any  | ■ No.              |                   |   |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.             |                   |   |  |
|     | of imminent and identifiable hazard to  |                    | What is the       | ne hazard?                                |  |
|     | public health or safety? Or do you own any property that needs immediate attention?   |                    |                   | ate attention is why is it needed?        |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                    | Where is          | the property?                             |  |
|     | - ,   |                    |                   |   | Number, Street, City, State & Zip Code   |
|     |   |                    |                   |   |  |

Debtor 1 Cezary S Wysocki Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 2 (Spouse Only in a Joint Case): About Debtor 1: 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit ☐ I received a briefing from an approved credit

briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. 

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Cezary S Wysock   | i                   |   | Case num   | nber (if known)   |
|-----|--|---------------------|---|--|---|
| Par | t 6: Answer These Quest  | ions for R          | eporting Purposes   |  |   |
|     | What kind of debts do you have?                                | 16a.                | Are your debts primarily consuindividual primarily for a personal |  | defined in 11 U.S.C. § 101(8) as "incurred by an  |
|     |  |                     | ☐ No. Go to line 16b.   |  |   |
|     |  |                     | Yes. Go to line 17.   |  |   |
|     |  | 16b.                |   | ess debts? Business debts are debent or through the operation of the b       |   |
|     |  |                     | ☐ No. Go to line 16c.   |  |   |
|     |  |                     | ☐ Yes. Go to line 17.   |  |   |
|     |  | 16c.                | State the type of debts you owe t                                 | hat are not consumer debts or busir  | ness debts  |
| 17. | Are you filing under Chapter 7?                                | □ No.               | I am not filing under Chapter 7. G                                | Go to line 18.   |   |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.              |   | ou estimate that after any exempt proble to distribute to unsecured creditor | roperty is excluded and administrative expenses ors?  |
|     | administrative expenses are paid that funds will               |                     | No  |  |   |
|     | be available for distribution to unsecured creditors?          |                     | Yes   |  |   |
| 18. | How many Creditors do  | <b>1</b> -49        |   | <b>1</b> ,000-5,000  | <b>1</b> 25,001-50,000  |
|     | you estimate that you owe?                                     | <b>50-99</b>        |   | ☐ 5001-10,000  | 50,001-100,000  |
|     |  | □ 100-1<br>□ 200-9  |   | □ 10,001-25,000  | ☐ More than100,000  |
| 19. | How much do you  | □ \$0 - \$          | \$50,000  | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?                              |                     | 001 - \$100,000   | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |
|     |  |                     | ,001 - \$500,000<br>,001 - \$1 million                            | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million               | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                                  |
|     |  |                     |   |  |   |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$          | 550,000<br>001 - \$100,000  | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million                   | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion                              |
|     | to be?   |                     | ,001 - \$100,000  | □ \$10,000,001 - \$30 million  | □ \$10,000,000,001 - \$10 billion   |
|     |  |                     | ,001 - \$1 million  | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |
| Par | t 7: Sign Below  |                     |   |  |   |
| For | you  | I have ex           | xamined this petition, and I declare                              | under penalty of perjury that the inf  | ormation provided is true and correct.  |
|     |  |                     |   |  | ole, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.          |
|     |  |                     |   | pay or agree to pay someone who is tice required by 11 U.S.C. § 342(b).      | not an attorney to help me fill out this  |
|     |  | I request           | t relief in accordance with the chap                              | ter of title 11, United States Code, s                                       | pecified in this petition.  |
|     |  | bankrupt<br>and 357 | tcy case can result in fines up to \$2<br>1.                      |  | y or property by fraud in connection with a 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  |                     | ary S Wysocki<br>S Wysocki  | Signature of Del   | otor 2  |
|     |  |                     | e of Debtor 1   | Signature of Dol   | <del></del>   |
|     |  | Executed            |   | Executed on  |   |
|     |  |                     | MM / DD / YYYY  |  | MM / DD / YYYY  |

| Debtor 1 Cezary S Wysock  | i  | Case                            | e number (if known)  |
|---|--|---------------------------------|--|
| For your attorney, if you are represented by one                                    | under Chapter 7, 11, 12, or 13 of title 11, Ur                     | nited States Code, and have e   | informed the debtor(s) about eligibility to proceed xplained the relief available under each chapter lebtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by<br>an attorney, you do not need<br>to file this page. |  | es, certify that I have no know | ledge after an inquiry that the information in the   |
|   | /s/ Richard A. Jacoby, Esq. Signature of Attorney for Debtor       | Date                            | July 3, 2018<br>MM / DD / YYYY   |
|   | Richard A. Jacoby, Esq.  |                                 |  |
|   | Jacoby & Jacoby, Attorneys At Law Firm name                        |                                 |  |
|   | 1737 North Ocean Avenue<br>Medford, NY 11763                       |                                 |  |
|   | Number, Street, City, State & ZIP Code  Contact phone 631-289-4600 | Email address                   |  |
|   | 2585735 NY  Bar number & State                                     |                                 |  |
|   |  |                                 |  |

| Fill          | in this inform               | nation to identify your case:   |             |                               |
|---------------|------------------------------|---|-------------|-------------------------------|
| Deb           | otor 1                       | Cezary S Wysocki  |             |                               |
| Deh           | otor 2                       | First Name Middle Name Last Name  |             |                               |
|               | use if, filing)              | First Name Middle Name Last Name  |             |                               |
| Unit          | ted States Bar               | skruptcy Court for the: EASTERN DISTRICT OF NEW YORK  |             |                               |
| Cas<br>(if kn | se number<br>own)            |   | _           | c if this is an<br>ded filing |
|               |                              |   |             |                               |
| Of            | ficial For                   | m 106Sum  |             |                               |
|               |                              | f Your Assets and Liabilities and Certain Statistical Information   |             | 12/15                         |
| info          | rmation. Fill o              | nd accurate as possible. If two married people are filing together, both are equally responsible fo<br>out all of your schedules first; then complete the information on this form. If you are filing amend<br>ors, you must fill out a new <i>Summary</i> and check the box at the top of this page. |             |                               |
| Par           | t 1: Summa                   | arize Your Assets   |             |                               |
|               |                              |   | Your a      | ssets<br>of what you own      |
| 1.            | Schedule A/<br>1a. Copy line | B: Property (Official Form 106A/B)  55, Total real estate, from Schedule A/B  | \$          | 438,930.00                    |
|               | 1b. Copy line                | e 62, Total personal property, from Schedule A/B  | \$          | 31,900.00                     |
|               | 1c. Copy line                | e 63, Total of all property on Schedule A/B   | \$          | 470,830.00                    |
| Par           | t 2: Summa                   | rize Your Liabilities   |             |                               |
|               |                              |   | Your li     | abilities                     |
|               |                              |   | Amour       | t you owe                     |
| 2.            |                              | Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$          | 360,480.00                    |
| 3.            |                              | F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 0.00                          |
|               | 3b. Copy the                 | e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 75,798.00                     |
|               |                              | Your total liabilities  | \$          | 436,278.00                    |
| Par           | t 3: Summa                   | arize Your Income and Expenses  |             |                               |
| 4.            |                              | Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I  | \$          | 8,692.32                      |
| 5.            |                              | Your Expenses (Official Form 106J) onthly expenses from line 22c of Schedule J  | \$          | 9,273.00                      |
| Par           | t 4: Answe                   | r These Questions for Administrative and Statistical Records  |             |                               |
| 6.            | -                            | g for bankruptcy under Chapters 7, 11, or 13?  have nothing to report on this part of the form. Check this box and submit this form to the court with you   | ur other sc | nedules.                      |
| 7.            | Yes What kind o              | f debt do you have?   |             |                               |
|               |                              | ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.   | a personal  | , family, or                  |
|               |                              | ebts are not primarily consumer debts. You have nothing to report on this part of the form. Check this rt with your other schedules.  | s box and s | ubmit this form to            |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Case number (if known) |
|------------------------|
|                        |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

14,530.58

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| rılı ili uliş ili  | formation to   | ,                                   |                       |             |   |   |   |
|--|--|-------------------------------------|-----------------------|-------------|---|---|---|
| Debtor 1   |  | ry S Wy                             |                       |             |   |   |   |
| Debtor 2   | First Na   | me                                  | Middle                | e Name      | Last Name   |   |   |
| Spouse, if filing)   | First Na   | me                                  | Middle                | e Name      | Last Name   |   |   |
| Jnited States  | s Bankruptcy   | Court for                           | the: EASTERN          | DISTRI      | CT OF NEW YORK  |   |   |
| Case number  | r  |                                     |                       |             |   |   | ☐ Check if this is a amended filing   |
| Sched  |  | 3: Pr                               | operty                |             |   |   | 12/15   |
| ink it fits bes  | t. Be as comp<br>more space is   | olete and a                         | accurate as possib    | le. If two  | only once. If an asset fits in more than of married people are filing together, both a his form. On the top of any additional pag   | are equally responsible for si  | upplying correct  |
| Part 1: Descr  | ribe Each Resi   | idence Ri                           | uilding Land or O     | thar Paal   | Estate You Own or Have an Interest In   |   |   |
|  |  | idence, Di                          | unung, Lanu, or O     | illei iveai | Listate 100 Own of flave all litterest in   |   |   |
| Do you own   |  |                                     |                       |             |   |   |   |
| _  | or have any l  |                                     |                       |             | ence, building, land, or similar property?  |   |   |
| □ No. Go to  | or have any lo   | egal or eq                          |                       |             |   |   |   |
| □ No. Go to  | or have any l  | egal or eq                          |                       |             |   |   |   |
| □ No. Go to  | or have any lo   | egal or eq                          |                       |             |   |   |   |
| No. Go to ■ Yes. Whe   | or have any lo   | egal or eq                          |                       | any resid   | ence, building, land, or similar property?  |   |   |
| No. Go to ■ Yes. Whe   | or have any lo   | egal or eq                          |                       | what        | ence, building, land, or similar property?  |   | aims or exemptions. Put   |
| No. Go to Yes. Whe   | or have any lo   | egal or eq                          | uitable interest in a | what        | ence, building, land, or similar property?  | Do not deduct secured cl  | ed claims on Schedule D:  |
| No. Go to  ■ Yes. Whe  | or have any long part 2.  ere is the properers the propere | egal or eq                          | uitable interest in a | what        | ence, building, land, or similar property?  is the property? Check all that apply  Single-family home   | Do not deduct secured cl  | ed claims on Schedule D:  |
| No. Go to Yes. Whe   | or have any long part 2.  ere is the properers the propere | egal or eq                          | uitable interest in a | What        | ence, building, land, or similar property?  is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative   | Do not deduct secured cl  | ed claims on Schedule D:  |
| No. Go to Yes. Whe   | e Road   | egal or eq                          | uitable interest in a | What        | ence, building, land, or similar property?  is the property? Check all that apply  Single-family home  Duplex or multi-unit building  | Do not deduct secured of the amount of any secure Creditors Who Have Clair  | ed claims on Schedule D:<br>ms Secured by Property.  Current value of the                                     |
| No. Go to Yes. Whe   | e Road   | egal or eq                          | uitable interest in a | What        | ence, building, land, or similar property?  is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home   | Do not deduct secured cl<br>the amount of any secure<br>Creditors Who Have Clai   | ed claims on Schedule D:<br>ms Secured by Property.   |
| No. Go to Yes. Whe   | e Road   | egal or eq<br>erty?<br>or other des | uitable interest in a | What        | ence, building, land, or similar property?  is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare  | Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property? \$318,930.00  Describe the nature of years.   | current value of the portion you own? \$318,930.0   |
| No. Go to Yes. Whe   | e Road   | egal or eq<br>erty?<br>or other des | uitable interest in a | What        | ence, building, land, or similar property?  is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare  | Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$318,930.00  Describe the nature of you (such as fee simple, ter                        | current value of the portion you own? \$318,930.0   |
| No. Go to Yes. Whe  1  50 Tree Street addr  Center City          | e Road ress, if available,   | egal or eq<br>erty?<br>or other des | uitable interest in a | What        | ence, building, land, or similar property?  I is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only               | Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$318,930.00  Describe the nature of you (such as fee simple, ter                        | Current value of the portion you own? \$318,930.0   |
| No. Go to Yes. Whe  Yes. Whe  Street addr  Center  City  Suffolk | e Road ress, if available,   | egal or eq<br>erty?<br>or other des | uitable interest in a | What        | ence, building, land, or similar property?  I is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property? \$318,930.00  Describe the nature of y (such as fee simple, ter a life estate), if known. | Current value of the portion you own? \$318,930.0   |
| No. Go to Yes. Whe   | e Road ress, if available,   | egal or eq<br>erty?<br>or other des | uitable interest in a | What        | ence, building, land, or similar property?  I is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only               | Do not deduct secured of the amount of any secure Creditors Who Have Clair  Current value of the entire property? \$318,930.00  Describe the nature of y (such as fee simple, ter a life estate), if known. | current value of the portion you own? \$318,930.0  Cour ownership interest hancy by the entireties, outlinety |

| Deb             | tor 1   | Cezary   | S Wysocki   |   |            | Case   | number (if known)  |  |
|-----------------|---|--|---|---|------------|--|--|--|
| 4.0             | If you  | u own or   | have more   | than one, list h  |            | t in the annual of the   |  |  |
| 1.2             | 140-50 Burden Crescent Street address, if available, or other description |  |   | cription  |            | Duplex or multi-unit building  | the amount of any s  | red claims or exemptions. Put<br>ecured claims on Schedule D:<br>e Claims Secured by Property. |
|                 | Jama City  Quee County  |  | NY<br>State   | <b>11436-0000</b> ZIP Code                                | □ □ □ Othe | Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | (such as fee simple a life estate), if known Fee simple  Check if this is (see instructions) | portion you own? 00 \$120,000.00 e of your ownership interest e, tenancy by the entireties, or |
| Part Do ye some | Description on the cone else  | you have<br>scribe Your<br>n, lease, o<br>se drives. | ettached for<br>Vehicles<br>or have legal<br>If you lease a | Part 1. Write that  or equitable inter vehicle, also repo | rest in a  | your entries from Part 1, including any er here  | ed or not? Include a   | \$438,930.00   |
| •               | nrs, va<br>No<br>Yes  | ins, trucks  | s, tractors, sp   | ort utility vehicle                                       | es, moto   | orcycles   |  |  |
| Ex              |   |  |   |   |            | reational vehicles, other vehicles, and a ing vessels, snowmobiles, motorcycle acc   |  |  |
|                 |   |  |   |   |            | our entries from Part 2, including any or here   |  | \$0.00   |
| Part<br>Do y    |   |  |   | Household Items equitable interes                         | st in any  | y of the following items?  |  | Current value of the   |
|                 |   |  |   |   |            |  |  | portion you own?  Do not deduct secured claims or exemptions.                                  |
|                 | xample<br>No  |  |   | <b>ngs</b><br>niture, linens, chir                        | na, kitch  | enware   |  | овина от елетіриона.   |
|                 |   |  | Hous  | sehold Goods  |            |  |  | \$1,500.00   |
|                 |   |  |   |   |            |  |  |  |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

| D   | ebtor 1                           | Cezary S Wysocki Case n   | number (if known)     |   |
|-----|-----------------------------------|---|-----------------------|---|
|     | ☐ Yes.                            | Describe  |                       |   |
| 8.  |                                   | bles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objet other collections, memorabilia, collectibles                                    | ects; stamp, coin, o  | baseball card collections;  |
|     | ■ No<br>□ Yes.                    | Describe  |                       |   |
| 9.  |                                   | ent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clul musical instruments   | bs, skis; canoes an   | d kayaks; carpentry tools;  |
|     | ■ No<br>□ Yes.                    | Describe  |                       |   |
| 10. | . <b>Firearn</b><br>Examp<br>■ No | ns  bles: Pistols, rifles, shotguns, ammunition, and related equipment  |                       |   |
|     | ☐ Yes.                            | Describe  |                       |   |
| 11. | □ No                              | s  bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe   |                       |   |
|     |                                   | Clothes   |                       | \$1,000.00  |
|     |                                   | Olothos   |                       | <u> </u>  |
| 12. | □ No É                            | y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, v Describe  | watches, gems, gol    | d, silver   |
|     |                                   | Jewelry   |                       | \$400.00  |
|     | Examp  ■ No □ Yes.                | rm animals bles: Dogs, cats, birds, horses  Describe  |                       |   |
| 14. | ■ No                              | her personal and household items you did not already list, including any health aids you Give specific information  | ou did not list       |   |
| 15  |                                   | the dollar value of all of your entries from Part 3, including any entries for pages you ha<br>art 3. Write that number here  | ive attached          | \$2,900.00  |
|     |                                   | scribe Your Financial Assets  |                       |   |
| D   | o you ow                          | vn or have any legal or equitable interest in any of the following?   |                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No                              | oles: Money you have in your wallet, in your home, in a safe deposit box, and on hand when y  | ou file your petition |   |
|     | ☐ Yes                             |   |                       |   |
| 17. | Examp                             | its of money  oles: Checking, savings, or other financial accounts; certificates of deposit; shares in credit un  institutions. If you have multiple accounts with the same institution, list each. | ions, brokerage ho    | uses, and other similar   |
|     | □ No<br>■ Yes                     | Institution name:   |                       |   |
|     |                                   |   |                       |   |

| De  | ebtor 1                    | Cezary S Wysoc                                   | ki  |                          | Case number (if k  | rnown)  |
|-----|----------------------------|--|---|--------------------------|--|---|
|     |                            | 17   | <b>7.1.</b>                                       |                          | - Peoples United Bank<br>- Chase Bank  | \$0.00  |
| 18. |                            |  | ablicly traded stocks<br>stment accounts with b   | rokerage firms, mone     | ey market accounts   |   |
|     |                            |  | Institution or issue                              | r name:                  |  |   |
| 19. | Non-pu<br>joint ve<br>■ No |  | and interests in incorp                           | oorated and uninco       | rporated businesses, including an i  | nterest in an LLC, partnership, and                         |
|     |                            |  | tion about them<br>Name of entity:                |                          | % of ownership:  |   |
| 20. | Negotia                    | <i>able instrument</i> s inclu                   |   | ashiers' checks, prom    | gotiable instruments<br>issory notes, and money orders.<br>y signing or delivering them. |   |
|     |                            | Give specific informat                           | ion about them<br>Issuer name:                    |                          |  |   |
| 21. |                            | nent or pension acco<br>les: Interests in IRA, I |   | 403(b), thrift savings   | accounts, or other pension or profit-sl  | naring plans  |
|     | Yes. I                     | ist each account sep.<br>Ty                      | arately.<br>pe of account:                        | Institution na           | me:  |   |
|     |                            |  |   | 401k Plan                |  | \$28,000.00   |
| 22. | Your sh<br>Examp           |  | oosits you have made s                            |                          | nue service or use from a company<br>ric, gas, water), telecommunications c              | ompanies, or others   |
|     | ■ No<br>□ Yes              |  |   | Institution na           | me or individual:  |   |
| 23. | Annuiti                    | es (A contract for a p                           | eriodic payment of mor                            | ney to you, either for l | ife or for a number of years)  |   |
|     | ☐ Yes                      | lssuer   | name and description.                             |                          |  |   |
| 24. |                            | s in an education IR.<br>C. §§ 530(b)(1), 529A   |   | qualified ABLE prog      | gram, or under a qualified state tuiti   | on program.   |
|     | ☐ Yes                      | Instituti  | on name and description                           | on. Separately file the  | e records of any interests.11 U.S.C. §   | 521(c):   |
| 25. | ■ No                       | •  |   | other than anything      | listed in line 1), and rights or powe  | rs exercisable for your benefit                             |
|     |                            | Give specific information                        |   |                          |  |   |
| 26. |                            |  | narks, trade secrets, a<br>names, websites, proce |                          | Il property<br>d licensing agreements  |   |
|     |                            | Give specific informa                            | tion about them                                   |                          |  |   |
| 27. | Examp                      |  | other general intangib<br>exclusive licenses, coo |                          | holdings, liquor licenses, professional  | licenses  |
|     | ■ No<br>□ Yes.             | Give specific information                        | tion about them                                   |                          |  |   |
| M   | oney or p                  | property owed to you                             | u?  |                          |  | Current value of the portion you own? Do not deduct secured |

claims or exemptions.

| De  | ebtor 1        | Cezary S Wysocki  | Case number (if known)   |                            |
|-----|----------------|---|--|----------------------------|
| 28. | Tax re         | funds owed to you   |  |                            |
|     | ■ No           |   |  |                            |
|     | ☐ Yes.         | Give specific information about them, including whe   | ether you already filed the returns and the tax years                        |                            |
| 29. | Family         | y support   |  |                            |
|     |                |   | rt, child support, maintenance, divorce settlement, property                 | settlement                 |
|     | ■ No           |   |  |                            |
|     | ☐ Yes.         | Give specific information   |  |                            |
| 30. | Exam           | amounts someone owes you ples: Unpaid wages, disability insurance payments, of benefits; unpaid loans you made to someone e | disability benefits, sick pay, vacation pay, workers' compe                  | nsation, Social Security   |
|     | ■ No<br>□ Yes. | Give specific information   |  |                            |
|     | Exam           | sts in insurance policies  ples: Health, disability, or life insurance; health savin  | ngs account (HSA); credit, homeowner's, or renter's insurar                  | nce                        |
|     | ■ No           |   |  |                            |
|     | ⊔ Yes.         | Name the insurance company of each policy and lis<br>Company name:  | st its value.  Beneficiary:  | Surrender or refund value: |
| 32. | If you         | nterest in property that is due you from someone are the beneficiary of a living trust, expect proceeds one has died.       | who has died from a life insurance policy, or are currently entitled to reco |                            |
|     | ■ No           | one nas alea.   |  |                            |
|     | _              | Give specific information   |  |                            |
|     |                |   |  |                            |
| 33. |                | s against third parties, whether or not you have fi<br>ples: Accidents, employment disputes, insurance cla                  |  |                            |
|     | ■ No           |   |  |                            |
|     | ☐ Yes.         | Describe each claim   |  |                            |
|     | Other □ No     | contingent and unliquidated claims of every natu  | ure, including counterclaims of the debtor and rights to                     | set off claims             |
|     | Yes.           | Describe each claim   |  |                            |
|     |                | FDCPA actions   |  | \$1,000.00                 |
|     |                |   |  |                            |
| 35. | Any fi         | nancial assets you did not already list   |  |                            |
|     | ■ No           |   |  |                            |
|     | ☐ Yes.         | Give specific information   |  |                            |
| 36  |                | the dollar value of all of your entries from Part 4,  | including any entries for pages you have attached                            | \$29,000.00                |
|     |                |   |  |                            |
| Pa  | rt 5: De       | escribe Any Business-Related Property You Own or Hav  | ve an Interest In. List any real estate in Part 1.                           |                            |
|     | -              | own or have any legal or equitable interest in any busin o to Part 6.   | ness-related property?   |                            |
|     | _              | Go to line 38.  |  |                            |
| •   | <b>—</b> 103.  | oo to mic so.   |  |                            |
| Pa  |                | escribe Any Farm- and Commercial Fishing-Related Propyou own or have an interest in farmland, list it in Part 1.            | perty You Own or Have an Interest In.  |                            |
| 46. | Do yo          | u own or have any legal or equitable interest in a  | ny farm- or commercial fishing-related property?                             |                            |
|     | _ `            | . Go to Part 7.   |  |                            |
|     | ☐ Yes          | s. Go to line 47.   |  |                            |

| Debtor 1        | Cezary S Wysocki   |                   | Case number (if known)       |              |
|-----------------|--|-------------------|------------------------------|--------------|
| Part 7:         | Describe All Property You Own or Have an Interest in That You Di   | id Not List Above |                              |              |
|                 | ou have other property of any kind you did not already list?  nples: Season tickets, country club membership |                   |                              |              |
| ■ No            |  |                   |                              |              |
| ☐ Yes           | . Give specific information  |                   |                              |              |
| 54. <b>Add</b>  | the dollar value of all of your entries from Part 7. Write that  | number here       |                              | \$0.00       |
| Part 8:         | List the Totals of Each Part of this Form  |                   |                              |              |
| 55. <b>Part</b> | 1: Total real estate, line 2   |                   |                              | \$438,930.00 |
| 56. <b>Part</b> | 2: Total vehicles, line 5  | \$0.00            |                              |              |
| 57. <b>Part</b> | 3: Total personal and household items, line 15   | \$2,900.00        |                              |              |
| 58. <b>Part</b> | 4: Total financial assets, line 36   | \$29,000.00       |                              |              |
| 59. <b>Part</b> | 5: Total business-related property, line 45  | \$0.00            |                              |              |
| 60. <b>Part</b> | 6: Total farm- and fishing-related property, line 52   | \$0.00            |                              |              |
| 61. <b>Part</b> | 7: Total other property not listed, line 54 +  | \$0.00            |                              |              |
| 62. <b>Tota</b> | al personal property. Add lines 56 through 61  | \$31,900.00       | Copy personal property total | \$31,900.00  |
| 63. <b>Tota</b> | al of all property on Schedule A/B. Add line 55 + line 62  |                   |                              | \$470.830.00 |

| Fil                      | I in this inforn  | nation to identify your case:  |  |                          |  |   |
|--------------------------|---|--|--|--------------------------|--|---|
|                          | btor 1  | Cezary S Wysocki   |  |                          |  |   |
|                          |   |  | Middle Name  | L                        | ast Name   |   |
|                          | btor 2<br>ouse if, filing)  | First Name   | Middle Name  | L                        | ast Name   |   |
|                          | -   | nkruptcy Court for the: EAS  | TERN DISTRICT OF NI  | EW Y                     | ORK  |   |
|                          |   |  |  |                          | <u>-</u>   |   |
|                          | nown)   |  |  |                          |  | Check if this is an amended filing  |
| ∩ı                       | fficial Fo  | rm 106C  |  |                          |  |   |
|                          |   | e C: The Prope   | rty You Cla  | im                       | as Exempt  | 4/16  |
| the<br>nee<br>cas        | property you li<br>ded, fill out and<br>e number (if kr             | sted on <i>Schedule A/B: Property</i> d attach to this page as many conown).                     | v (Official Form 106A/B)<br>opies of <i>Part 2: Addition</i>             | as yo<br>nal Pa          | our source, list the property that you<br>age as necessary. On the top of any                                    | additional pages, write your name and   |
| spe<br>any<br>fun<br>exe | ecific dollar and<br>applicable st<br>ds—may be u<br>emption to a p | nount as exempt. Alternativel<br>atutory limit. Some exemption<br>inlimited in dollar amount. Ho | y, you may claim the f<br>ns—such as those for<br>wever, if you claim an | ull fai<br>healt<br>exen | ir market value of the property be<br>th aids, rights to receive certain b<br>nption of 100% of fair market valu | One way of doing so is to state a<br>eing exempted up to the amount of<br>penefits, and tax-exempt retirement<br>ue under a law that limits the<br>t, your exemption would be limited |
| Pa                       | rt 1: Identif   | y the Property You Claim as I  | Exempt   |                          |  |   |
| 1.                       | Which set of  | exemptions are you claiming  | ? Check one only, eve  | n if yo                  | our spouse is filing with you.   |   |
|                          | You are cla   | aiming state and federal nonbar  | nkruptcy exemptions.   | 11 U.S                   | S.C. § 522(b)(3)   |   |
|                          | ☐ You are cla   | aiming federal exemptions. 11  | U.S.C. § 522(b)(2)   |                          |  |   |
| 2.                       | For any prop  | perty you list on Schedule A/E   | that you claim as exe  | empt,                    | fill in the information below.   |   |
|                          |   | on of the property and line on that lists this property  | Current value of the portion you own                                     | Am                       | ount of the exemption you claim  | Specific laws that allow exemption  |
|                          | 0011000110777   |  | Copy the value from<br>Schedule A/B                                      | Che                      | eck only one box for each exemption.   |   |
|                          | 50 Tree Ros<br>Suffolk Cou  | ad Centereach, NY 11720  | \$318,930.00   |                          | \$170,825.00   | NYCPLR § 5206   |
|                          |   | hedule A/B: <b>1.1</b>   |  |                          | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Household   | Goods<br>hedule A/B: <b>6.1</b>  | \$1,500.00   |                          | \$1,500.00   | NYCPLR § 5205(a)(5)   |
|                          | Line nom 30/  | iedule A/D. <b>V.1</b>   |  |                          | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Clothes   | nedule A/B: <b>11.1</b>  | \$1,000.00   |                          | \$1,000.00   | NYCPLR § 5205(a)(5)   |
|                          | Ellio Irolli Gol  | iodale /vB. TTT  |  |                          | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | Jewelry   | nedule A/B: <b>12.1</b>  | \$400.00   |                          | \$400.00   | NYCPLR § 5205(a)(6)   |
|                          | LING HOLL SCI   | iodalo 7/D. 14.1   |  |                          | 100% of fair market value, up to any applicable statutory limit  |   |
|                          | 401k Plan   | 10 04 4  | \$28,000.00  |                          | \$28,000.00  | NYCPLR § 5205(e)  |
|                          | Line from Sch   | nedule A/B: <b>21.1</b>  |  |                          | 100% of fair market value, up to any applicable statutory limit  |   |

Official Form 106C

| Debto | r 1 _ | Cezary S Wysocki  | Case number (if known)           |  |
|-------|-------|---|----------------------------------|--|
|       | •     | ou claiming a homestead exemption of more than \$160,375? ect to adjustment on 4/01/19 and every 3 years after that for cases filed on or | r after the date of adjustment.) |  |
|       | ] N   | lo  |                                  |  |
|       | Y     | es. Did you acquire the property covered by the exemption within 1,215 day  | s before you filed this case?    |  |
|       |       | No  |                                  |  |
|       |       | Yes   |                                  |  |

Official Form 106C

| Fill in this information to identify  |   |                 |                                   |   |            |
|---|---|-----------------|-----------------------------------|---|------------|
| Fill in this information to identify you  |   |                 |                                   |   |            |
| Debtor 1 Cezary S Wyso  |   | Last Name       |                                   | -   |            |
| First Name  | Middle Name                                   | Last Name       |                                   |   |            |
| Debtor 2 (Spouse if, filing) First Name   | Middle Name                                   | Last Name       |                                   | -   |            |
| United States Penkruptay Court for the  | : EASTERN DISTRICT OF NEW                     | VODK            |                                   |   |            |
| United States Bankruptcy Court for the  | EASTERN DISTRICT OF NEW                       | TORK            |                                   | -   |            |
| Case number   |   |                 |                                   |   |            |
| (if known)  |   |                 |                                   |   |            |
|   |   |                 |                                   | ameno   | ded filing |
| Official Form 106D  |   |                 |                                   |   |            |
|   |   | _               |                                   |   |            |
| Schedule D: Creditors   | s who Have Claims :                           | Secure          | by Propert                        | У   | 12/15      |
| is needed, copy the Additional Page, fill it  |   |                 |                                   |   |            |
| number (if known).  | v vour proporty?                              |                 |                                   |   |            |
| Do any creditors have claims secured b      Do Chock this have and submit the secured of th |   | oobodules V     | ou bovo nothine ele : 1           | to roport on this face  |            |
| <u> </u>  | ŕ   | screaules. Y    | ou nave nothing eise t            | to report on this form.   |            |
| Yes. Fill in all of the information   | below.  |                 |                                   |   |            |
| Part 1: List All Secured Claims   |   |                 |                                   |   |            |
| 2. List all secured claims. If a creditor has   |   |                 |                                   |   |            |
| for each claim. If more than one creditor has<br>much as possible, list the claims in alphabet  |   |                 | Amount of claim Do not deduct the |   |            |
|   | iodi ordor docording to the ordation o ridina | <b>.</b>        | value of collateral.              | amended filing  Property  12/15  Insible for supplying correct information. If more space from any additional pages, write your name and case  Othing else to report on this form.  Column B Value of collateral that supports this claim claim \$120,000.00 \$10.00  \$120,000.00 \$0.00 |            |
| 2.1 140-50 Burden Crescent  | Describe the property that secures t          | _               | \$7,800.00                        | \$120,000.00  | \$0.00     |
| Creditor's Name   | 140-50 Burden Crescent Jan                    | naica,          |                                   |   |            |
| Qwners Corp<br>c/o Robert L. Gordon   | NY 11436 Queens County                        |                 |                                   |   |            |
| 21 Swan Street  | As of the date you file, the claim is:        | Check all that  |                                   |   |            |
| Palisades, NY 10964   | apply.  Contingent                            |                 |                                   |   |            |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                                |                 |                                   |   |            |
|   | ☐ Disputed                                    |                 |                                   |   |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.         |                 |                                   |   |            |
| Debtor 1 only   | An agreement you made (such as r              | mortgage or sec | cured                             |   |            |
| Debtor 2 only   | car loan)                                     |                 |                                   |   |            |
| Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, med         | chanic's lien)  |                                   |   |            |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit                | 001111011       | 01145050                          |   |            |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)           | COMMON          | CHARGES                           |   |            |
| community dest  |   |                 |                                   |   |            |
| Date debt was incurred 2017   | Last 4 digits of account numb                 | per 1244        |                                   |   |            |
|   |   |                 |                                   |   |            |
| 2.2 Mr. Cooper  | Describe the property that secures t          |                 | \$69,181.00                       | \$120,000.00  | \$0.00     |
| Creditor's Name   | 140-50 Burden Crescent Jan                    | naica,          |                                   |   |            |
| Attn: Bankruptcy<br>8950 Cypress Waters   | NY 11436 Queens County                        |                 |                                   |   |            |
| Blvd  | As of the date you file, the claim is: apply. | Check all that  |                                   |   |            |
| Coppell, TX 75019   | Contingent                                    |                 |                                   |   |            |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                                |                 |                                   |   |            |
|   | ☐ Disputed                                    |                 |                                   |   |            |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.         |                 |                                   |   |            |
| Debtor 1 only   | An agreement you made (such as r              | mortgage or sec | cured                             |   |            |
| Debtor 2 only   | car loan)                                     |                 |                                   |   |            |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, med       | chanic's lien)  |                                   |   |            |
| At least one of the debtors and another   | Judgment lien from a lawsuit                  | Mortages        |                                   |   |            |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)           | Mortgage        |                                   |   |            |

Official Form 106D

| Debtor 1 Cezary S Wysocki  |   | Ca               | ase number (if know)        |                               |           |
|--|---|------------------|-----------------------------|-------------------------------|-----------|
| First Name Middle N  | Name Last Name  |                  |                             |                               |           |
| Opened 05/09 Last Active Date debt was incurred 3/27/18  | Last 4 digits of account number   | 3445             |                             |                               |           |
| 2.3 Wells Fargo Home Mor Creditor's Name Attn: Bankruptcy Mac X7801-014 3476 Stateview Blvd Fort Mill, SC 29715                                    | Describe the property that secures the 50 Tree Road Centereach, NY Suffolk County  As of the date you file, the claim is: Cheapply.  Contingent | 11720            | \$283,499.00                | \$318,930.00                  | \$0.00    |
| Number, Street, City, State & Zip Code  Who owes the debt? Check one.  | ☐ Unliquidated☐ Disputed Nature of lien. Check all that apply.  |                  |                             |                               |           |
| ■ Debtor 1 only □ Debtor 2 only  | ☐ An agreement you made (such as mo car loan)   | ortgage or secur | ed                          |                               |           |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | ☐ Statutory lien (such as tax lien, mecha☐ Judgment lien from a lawsuit   | ,                |                             |                               |           |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)   | lortgage         |                             |                               |           |
| Opened 08/12 Last Active 6/05/18   | Last 4 digits of account number   | , <u>7518</u>    |                             |                               |           |
| Add the dollar value of your entries in of this is the last page of your form, add Write that number here:  Part 2: List Others to Be Notified for |   | r here:          | \$360,480.<br>\$360,480.    |                               |           |
| Use this page only if you have others to trying to collect from you for a debt you   | be notified about your bankruptcy for a d<br>owe to someone else, list the creditor in I<br>at you listed in Part 1, list the additional c      | Part 1, and thei | n list the collection ager  | ncy here. Similarly, if you l | nave more |
| Name, Number, Street, City, State & Robert L. Gordon 21 Swan Street Palisades, NY 10964  | Zip Code  |                  | line in Part 1 did you ente | r the creditor? <b>2.1</b>    |           |

|                                     | in this inform  | action to identify your   |  |  |   |  |   |   |
|-------------------------------------|---|---|--|--|---|--|---|---|
| FIII                                | in this inform  | nation to identify your   | case:  |  |   |  |   |   |
| Del                                 | btor 1  | Cezary S Wysock   |  |  | Loot Name   |  |   |   |
| Dol                                 | btor 2  | First Name  | Middle Na  | ame  | Last Name   |  |   |   |
|                                     | ouse if, filing)  | First Name  | Middle Na  | ame  | Last Name   |  |   |   |
| Uni                                 | ited States Ba  | nkruptcy Court for the:   | EASTERN D  | DISTRICT OF NE   | W YORK  |  |   |   |
|                                     | se number _   |   |  | _  |   |  | _   | heck if this is an<br>mended filing                                       |
|                                     | ficial Forn<br>hedule E   | <u>n 106E/F</u><br>/ <b>/F: Creditors W</b>   | /ho Have   | Unsecured  | d Claims  |  |   | 12/15   |
| any<br>Sche<br>Sche<br>left.<br>nam | executory contedule G: Execuedule D: Credite Attach the Cone and case numert 1: | racts or unexpired leases tory Contracts and Unexpors Who Have Claims Sectinuation Page to this pagnber (if known).  Il of Your PRIORITY Un | that could resu<br>ired Leases (Of<br>ured by Propert<br>ge. If you have n<br>asecured Clain | Ilt in a claim. Also<br>ficial Form 106G).<br>ty. If more space i<br>to information to r | list executory of the | Part 2 for creditors with NONP contracts on Schedule A/B: Prany creditors with partially se the Part you need, fill it out, not not file that Part. On the top | operty (Official<br>cured claims<br>umber the ent | al Form 106A/B) and on<br>that are listed in<br>tries in the boxes on the |
| 1.                                  | Do any credito  | ors have priority unsecure  | d claims agains  | st you?  |   |  |   |   |
|                                     | No. Go to P   | art 2.  |  |  |   |  |   |   |
|                                     | ☐ Yes.  |   |  |  |   |  |   |   |
| Pai                                 | rt 2: List A  | I of Your NONPRIORIT  | Y Unsecured  | Claims   |   |  |   |   |
| 3.                                  | Do any credito  | ors have nonpriority unsec  | cured claims ag  | ainst you?   |   |  |   |   |
|                                     | _   | ve nothing to report in this p  | art. Submit this f   | orm to the court wit   | th your other sch   | edules.  |   |   |
|                                     | Yes.  |   |  |  |   |  |   |   |
| 4.                                  | unsecured clair   | n, list the creditor separately   | y for each claim.  | For each claim list  | ed, identify what t   | b holds each claim. If a creditor<br>type of claim it is. Do not list clain<br>three nonpriority unsecured cla   | ms already inc                                    | luded in Part 1. If more  |
|                                     |   |   |  |  |   |  |   | Total claim   |
| 4.1                                 |   | Card Services  Creditor's Name  |  | Last 4 digits of ac  | count number  | 0733   |   | \$27,168.00   |
|                                     | Po Box  | ondence Dept<br>15298<br>aton, DE 19850   |  | When was the de  | bt incurred?  | Opened 11/29/07 Last 5/25/18   | t Active  |   |
|                                     | Number S  | treet City State ZIp Code rred the debt? Check one.   |  | As of the date yo  | u file, the claim   | is: Check all that apply   |   |   |
|                                     | Debtor  | 1 only  |  | ☐ Contingent   |   |  |   |   |
|                                     | ☐ Debtor  | 2 only  |  | ☐ Unliquidated   |   |  |   |   |
|                                     | ☐ Debtor  | 1 and Debtor 2 only   |  | ☐ Disputed   |   |  |   |   |
|                                     | ☐ At leas   | t one of the debtors and and  | other  | Type of NONPRIO  | ORITY unsecure  | d claim:   |   |   |
|                                     | ☐ Check   | if this claim is for a com  | munity   | ☐ Student loans  |   |  |   |   |
|                                     | debt  |   |  |  |   | ration agreement or divorce tha  | t you did not                                     |   |
|                                     |   | m subject to offset?  |  | report as priority cl  |   |  |   |   |
|                                     | No  |   |  | ☐ Debts to pension   | •   | g plans, and other similar debts   |   |   |
|                                     | ☐ Yes   |   |  | Other. Specify   | Credit card   |  |   |   |

Official Form 106 E/F

| Debtor | Cezary S Wysocki  |   | Case number (if know)                         |             |
|--------|---|---|---|-------------|
| 4.2    | Chase Card Services Nonpriority Creditor's Name                     | Last 4 digits of account number                               | 6555  | \$11,608.00 |
|        | Correspondence Dept<br>Po Box 15298<br>Wilmington, DE 19850         | When was the debt incurred?                                   | Opened 03/14 Last Active 6/03/18              |             |
|        | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                          | is: Check all that apply                      |             |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |             |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans   |   |             |
|        | debt<br>Is the claim subject to offset?                             | ☐ Obligations arising out of a separeport as priority claims  | aration agreement or divorce that you did not |             |
|        | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts              |             |
|        | Yes   | Other. Specify Credit Card                                    | <u> </u>                                      |             |
| 4.3    | Discover Financial  | Last 4 digits of account number                               | 0051  | \$5,399.00  |
|        | Nonpriority Creditor's Name   |   | Opened 08/14 Last Active                      |             |
|        | Po Box 3025<br>New Albany, OH 43054                                 | When was the debt incurred?                                   | 5/06/18                                       |             |
|        | Number Street City State Zlp Code                                   | As of the date you file, the claim i                          | is: Check all that apply                      |             |
|        | Who incurred the debt? Check one.                                   |   |   |             |
|        | Debtor 1 only   | ☐ Contingent  |   |             |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |             |
|        | $\square$ At least one of the debtors and another                   | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans   |   |             |
|        | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not |             |
|        | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts              |             |
|        | Yes   | Other. Specify Credit Card                                    | <u> </u>                                      |             |
| 4.4    | Pay Pal Credit  | Last 4 digits of account number                               | 6564  | \$7,500.00  |
|        | Nonpriority Creditor's Name P.O. Box 105658                         | When was the debt incurred?                                   | 2014  |             |
|        | Atlanta, GA 30348-5658  Number Street City State Zlp Code           | As of the date you file, the claim i                          | is: Check all that apply                      |             |
|        | Who incurred the debt? Check one.                                   | ,   |   |             |
|        | ■ Debtor 1 only   | ☐ Contingent  |   |             |
|        | Debtor 2 only   | ☐ Unliquidated  |   |             |
|        | ☐ Debtor 1 and Debtor 2 only  | Disputed  |   |             |
|        | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured                                 | d claim:                                      |             |
|        | ☐ Check if this claim is for a community                            | ☐ Student loans   |   |             |
|        | debt Is the claim subject to offset?                                | Obligations arising out of a separeport as priority claims    | aration agreement or divorce that you did not |             |
|        | ■ No  | Debts to pension or profit-sharing                            | ng plans, and other similar debts             |             |
|        | Yes   | ■ Other. Specify credit                                       |   |             |

Official Form 106 E/F

|  | Case number (if know)   |   |
|--|---|---|
| Last 4 digits of account number                            | 6220  | \$24,123.00   |
|  | Opened 12/16 Last Active  |   |
| When was the debt incurred?                                | 4/01/18   |   |
|  |   |   |
| As of the date you file, the claim                         | is: Check all that apply  |   |
|  |   |   |
| ☐ Contingent   |   |   |
| ☐ Unliquidated   |   |   |
| ☐ Disputed   |   |   |
| Type of NONPRIORITY unsecure                               | d claim:  |   |
| ☐ Student loans  |   |   |
| Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not   |   |
| ☐ Debts to pension or profit-sharin                        | g plans, and other similar debts  |   |
| ■ Other. Specify Unsecured                                 |   |   |
|  | When was the debt incurred?  As of the date you file, the claim  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured  Student loans  Obligations arising out of a separeport as priority claims  Debts to pension or profit-sharing | Last 4 digits of account number  Opened 12/16 Last Active 4/01/18  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     |    | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|              | 6f. | Student loans   | 6f. | \$ | Total Claim |
| Total claims |     |   |     | Ψ  | 0.00        |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. |   | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 75,798.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 75,798.00   |

| Fill in this infor  | mation to identify your  | case:              |            |  |
|---------------------|--------------------------|--------------------|------------|--|
| Debtor 1            | Cezary S Wysock          | i                  |            |  |
|                     | First Name               | Middle Name        | Last Name  |  |
| Debtor 2            |                          |                    |            |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name  |  |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK |  |
| Case number         |                          |                    |            |  |
| (if known)          |                          |                    |            |  |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     |        | Name, Number | , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|--------|--------------|-------------------------------|---------------------|---|
| .1  |        |              |                               |                     |   |
|     | Name   |              |                               |                     |   |
|     | Number | Street       |                               |                     | _                                       |
|     | City   |              | State                         | ZIP Code            | <u> </u>                                |
| 2.2 |        |              |                               |                     |   |
|     | Name   |              |                               |                     |   |
|     | Number | Street       |                               |                     | _                                       |
|     | City   |              | State                         | ZIP Code            | <u> </u>                                |
| 2.3 |        |              |                               |                     |   |
|     | Name   |              |                               |                     |   |
|     | Number | Street       |                               |                     | _                                       |
|     | City   |              | State                         | ZIP Code            | _                                       |
| 2.4 |        |              |                               |                     |   |
|     | Name   |              |                               |                     |   |
|     | Number | Street       |                               |                     | _                                       |
|     | City   |              | State                         | ZIP Code            | _                                       |
| 2.5 | -      |              |                               |                     |   |
|     | Name   |              |                               |                     |   |
|     | Number | Street       |                               |                     |   |
|     | City   |              | State                         | ZIP Code            | <u> </u>                                |

Official Form 106G

| Fill in thic                 | information to identify you   | r casa:  |  |   |  |
|------------------------------|---|--|--|---|--|
|                              | information to identify you   |  |  |   |  |
| Debtor 1                     | Cezary S Wysoc<br>First Name  | Middle Name  | Last Name                                    |   |  |
| Debtor 2                     |   |  |  |   |  |
| (Spouse if, filing           | ng) First Name  | Middle Name  | Last Name                                    |   |  |
| United Sta                   | ites Bankruptcy Court for the:  | EASTERN DISTRICT O                                       | F NEW YORK                                   |   |  |
| Case num<br>(if known)       | ber   |  |  |   | ☐ Check if this is an  |
|                              | I Form 106H   | lahtars  |  |   | amended filing   |
| Sched                        | lule H: Your Cod  | debtors  |  |   | 12/15  |
| our name  1. Do  ■ No        | e and case number (if known   | n). Answer every question                                |  |   | p of any Additional Pages, write   |
| ☐ Yes                        | 3   |  |  |   |  |
| Arizon  No.                  | hin the last 8 years, have yours, California, Idaho, Louisians Go to line 3. So Did your spouse, former spo | a, Nevada, New Mexico, Pu                                | erto Rico, Texas, Wash                       |   | y states and territories include   |
| 3. In Col<br>in line<br>Form | lumn 1, list all of your codel<br>2 again as a codebtor only  | otors. Do not include your<br>if that person is a guaran | spouse as a codebto<br>tor or cosigner. Make | sure you have listed the                            | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil |
|                              | Column 1: Your codebtor<br>Name, Number, Street, City, State and  | ZIP Code   |  | Column 2: The cre<br>Check all schedule             | editor to whom you owe the debt es that apply:   |
| 3.1                          | Name  |  |  | ☐ Schedule D, lin☐ Schedule E/F,☐ Schedule G, lin☐  | <br>line   |
|                              | Number Street<br>City   | State  | ZIP Code                                     |   |  |
| 3.2                          | Name  |  |  | □ Schedule D, lin □ Schedule E/F, □ Schedule G, lin | line   |
|                              | Number Street<br>City   | State  | ZIP Code                                     | _   |  |

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| Fill                | in this information to                      | identify your ca                               | ase:   |         |                                 |         |      |                |                        |                       |                                     |         |
|---------------------|---|--|--|---------|---------------------------------|---------|------|----------------|------------------------|-----------------------|-------------------------------------|---------|
|                     |   | Cezary S Wy                                    |  |         |                                 |         |      |                |                        |                       |                                     |         |
|                     | btor 2<br>puse, if filing)                  |  |  |         |                                 |         | _    |                |                        |                       |                                     |         |
| Uni                 | ited States Bankrupto                       | cy Court for the:                              | EASTERN DISTRICT   | OF NEV  | / YORK                          |         | _    |                |                        |                       |                                     |         |
|                     | se number                                   |  |  |         |                                 |         |      | □ Ar           |                        | d filing<br>ent showi | ing postpetition<br>following date: |         |
| 0                   | fficial Form                                | <u> 1061</u>                                   |  |         |                                 |         |      | $\overline{M}$ | M / DD/ Y              | YYY                   |                                     |         |
| S                   | chedule I: Y                                | our Inco                                       | ome  |         |                                 |         |      |                |                        |                       |                                     | 12/15   |
| spo<br>atta         | use. If you are sepa<br>ch a separate sheet | rated and you<br>to this form. (<br>Employment | are married and not filii<br>r spouse is not filing wi<br>On the top of any additi | th you, | do not includ<br>les, write you | e infor | mati | on about       | your spo<br>mber (if I | ouse. If n            | nore space is                       | needed, |
|                     | If you have more th                         | an one ioh                                     |  |         | ployed                          |         |      |                | ■ Emplo                |                       | ming operate                        |         |
|                     | attach a separate p information about a     | age with                                       | Employment status  | _       | ☐ Not employed                  |         |      |                | ☐ Not employed         |                       |                                     |         |
|                     | employers.                                  |  | Occupation   | Bank    | ing                             |         |      |                | Teache                 | r                     |                                     |         |
|                     | Include part-time, s<br>self-employed work  |  | Employer's name  | Peop    | le's United                     | Bank    |      |                | Board o                | of Educ               | ation                               |         |
|                     | Occupation may incor homemaker, if it       |  | Employer's address   |         | oute 25A<br>Setauket, N         | Y 1173  | 33   |                |                        |                       |                                     |         |
| Day                 | rt 2: Give Deta                             | ils About Mon                                  | How long employed the  | here?   | 4 years                         |         |      |                | _8                     | years                 |                                     |         |
| <b>Esti</b><br>spou | mate monthly inconuse unless you are se     | ne as of the daeparated.                       | ate you file this form. If your than one employer, co                              |         |                                 |         | ·    |                |                        |                       | ·                                   |         |
|                     |   |  |  |         |                                 |         |      | For Deb        | tor 1                  |                       | ebtor 2 or<br>iling spouse          |         |
| 2.                  |   |  | ry, and commissions (be<br>calculate what the monthl                               |         |                                 | 2.      | \$   | 6,             | 988.00                 | \$                    | 7,542.58                            |         |
| 3.                  | Estimate and list r                         | monthly overti                                 | me pay.  |         |                                 | 3.      | +\$  |                | 0.00                   | +\$_                  | 0.00                                |         |
| 4.                  | Calculate gross In                          | icome. Add lin                                 | e 2 + line 3.  |         |                                 | 4.      | \$   | 6,98           | 8.00                   | \$                    | 7,542.58                            |         |

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1         | Cezary S Wysocki  | -          | Ca    | ase      | number (if known) |          |                   |                  |                 |
|------|--------------|---|------------|-------|----------|-------------------|----------|-------------------|------------------|-----------------|
|      |              |   |            | F     | For      | Debtor 1          |          | For Debtor        |                  |                 |
|      | Cor          | by line 4 here  | 4.         | 9     | <u> </u> | 6,988.00          | \$       |                   | ,542.58          |                 |
| 5.   | Liet         | all payroll deductions:   |            |       |          |                   |          |                   |                  | -               |
| J.   |              |   | E o        | ď     | •        | 4 400 00          | æ        |                   | 000 00           |                 |
|      | 5a.<br>5b.   | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans   | 5a.<br>5b. |       | _        | 1,492.00          | \$<br>\$ |                   | ,098.00          | _               |
|      | 5c.          | Voluntary contributions for retirement plans  | 5c.        |       |          | 0.00<br>262.72    | Ф<br>\$  |                   | 142.00<br>561.00 | _               |
|      | 5d.          | Required repayments of retirement fund loans  | 5d.        |       | _        | 237.62            | \$       |                   | 720.20           | _               |
|      | 5e.          | Insurance   | 5e.        |       | _        | 78.45             | \$       |                   | 0.00             | _               |
|      | 5f.          | Domestic support obligations  | 5f.        |       |          | 0.00              | \$       |                   | 0.00             | _               |
|      | 5g.          | Union dues  | 5g.        |       | _        | 0.00              | \$       |                   | 120.00           | _               |
|      | 5h.          | Other deductions. Specify: United Way   | 5h.        |       | B        |                   | + \$     |                   | 0.00             | _               |
|      |              | Cost of GTL   | _          | 9     | <u> </u> | 2.95              | \$       | <u> </u>          | 0.00             | _               |
|      |              | Cost of Sp Life   | _          | 9     | ь —      | 0.45              | \$       |                   | 0.00             | _               |
|      |              | UFT   |            | 9     | 5        | 120.72            | \$       | ì                 | 0.00             | -               |
| 6.   | Add          | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.         | \$    |          | 2,197.06          | \$       | 3.                | ,641.20          | _               |
| 7.   | Cal          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.         | \$    | ·        | 4,790.94          | \$       | 3                 | ,901.38          | _               |
| 8.   | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             | 0-         |       |          | 0.00              | •        |                   | 0.00             |                 |
|      | 8b.          | monthly net income.  Interest and dividends   | 8a.<br>8b. |       | _        | 0.00              | \$<br>\$ |                   | 0.00             | _               |
|      | 8c.          | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |            |       | _        |                   | ·        |                   |                  | -               |
|      | 04           | settlement, and property settlement.  Unemployment compensation   | 8c.<br>8d. |       | _        | 0.00              | \$<br>\$ |                   | 0.00             | _               |
|      | 8d.<br>8e.   | Social Security   | 8e.        |       | _        | 0.00              | φ<br>\$  |                   | 0.00             | _               |
|      | 8f.          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8f.        | 9     | §        | 0.00              | \$       | 3                 | 0.00             | _               |
|      | 8g.          | Pension or retirement income  | 8g.        |       | _        | 0.00              | \$       |                   | 0.00             | _               |
|      | 8h.          | Other monthly income. Specify:  | _ 8h.      | .+ \$ | §        | 0.00              | + \$     |                   | 0.00             | _               |
| 9.   | Add          | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$    |          | 0.00              | \$       |                   | 0.00             | 0               |
| 10.  |              | culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.        | \$    |          | 4,790.94 + \$     |          | 3,901.38          | = \$             | 8,692.32        |
| 11.  |              | te all other regular contributions to the expenses that you list in Schedule  | <br>J.     |       |          |                   |          |                   | 1                |                 |
|      | othe<br>Do i | ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:   | •          |       |          |                   | •        | n <i>Schedule</i> | e J.<br>+\$      | 0.00            |
| 12.  |              | If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies  |            |       |          |                   |          |                   | \$               | 8,692.32        |
| 13.  | Do           | you expect an increase or decrease within the year after you file this form   | ?          |       |          |                   |          |                   | Combin<br>monthl | ned<br>y income |
|      |              | No.   |            |       |          |                   |          |                   |                  |                 |
|      |              | Yes. Explain:   |            |       |          |                   |          |                   | -                |                 |

Official Form 106I Schedule I: Your Income page 2

| Fill  | in this informa            | tion to identify yo                  | ur case:               |  |                       |  |            |       |                 |  |       |
|-------|----------------------------|--------------------------------------|------------------------|--|-----------------------|--|------------|-------|-----------------|--|-------|
| Deb   |                            | Cezary S Wy                          |                        |  |                       |  | Ch         | eck i | f this is:      |  |       |
|       |                            | Octary C 113                         | 000111                 |  |                       |  |            | An    | amended filing  |  |       |
|       | tor 2<br>ouse, if filing)  |                                      |                        |  |                       |  |            |       |                 | ving postpetition chathether the control of the con | apter |
| Linia | ad Ctataa Danke            | untou Court for the                  | EASTE                  | DNI DISTRICT OF NE                                 | =\\\ \\ \\            | ov.                                      |            |       | M / DD / YYYY   |  |       |
| Unit  | ed States Bankr            | uptcy Court for the:                 | EASIE                  | RN DISTRICT OF NE                                  | EVV YOR               | KN                                       |            | IVII  | WI/DD/YYYY      |  |       |
| 1     | e number<br>nown)          |                                      |                        |  |                       |  |            |       |                 |  |       |
| Of    | fficial Fo                 | rm 106J                              |                        |  |                       |  |            |       |                 |  |       |
| Sc    | chedule                    | J: Your E                            | Exper                  | ises   |                       |  |            |       |                 |  | 12/1  |
| info  | ormation. If m             |                                      | eded, atta             | If two married peop<br>ch another sheet to<br>n.   |                       |  |            |       |                 |  |       |
| Par   | t 1: Descr                 | ibe Your House                       | hold                   |  |                       |  |            |       |                 |  |       |
| 1.    | Is this a joir             | nt case?                             |                        |  |                       |  |            |       |                 |  |       |
|       | ■ No. Go to                | o line 2.<br>es Debtor 2 live i      | n a senar              | ate household?                                     |                       |  |            |       |                 |  |       |
|       | □ N                        |                                      | a copa.                |  |                       |  |            |       |                 |  |       |
|       |                            |                                      | t file Offici          | al Form 106J-2, <i>Expe</i>                        | enses fo              | or Separate House                        | hold of De | btor  | 2.              |  |       |
| 2.    | Do you have                | e dependents?                        | □ No                   |  |                       |  |            |       |                 |  |       |
|       | Do not list D<br>Debtor 2. | ebtor 1 and                          | ■ Yes.                 | Fill out this information each dependent           |                       | Dependent's relati<br>Debtor 1 or Debtor |            |       | Dependent's age | Does dependent live with you?  | :     |
|       | Do not state               | the                                  |                        |  | ,                     |  |            |       |                 | □ No   |       |
|       | dependents                 | names.                               |                        |  |                       | Son                                      |            |       | 6               | Yes  |       |
|       |                            |                                      |                        |  |                       |  |            |       |                 | □ No<br>□ Yes  |       |
|       |                            |                                      |                        |  |                       |  |            |       |                 | □ No   |       |
|       |                            |                                      |                        |  |                       |  |            | _     |                 | ☐ Yes  |       |
|       |                            |                                      |                        |  |                       |  |            |       |                 | □ No   |       |
| 3.    | Do vour ext                | enses include                        | _                      | No   |                       |  |            |       |                 | ☐ Yes  |       |
|       | expenses o                 | f people other th<br>d your depender | nan $_{\square}$       | Yes  |                       |  |            |       |                 |  |       |
| Par   | t 2: Estim                 | ate Your Ongoir                      | ng Month               | y Expenses   |                       |  |            |       |                 |  |       |
| exp   |                            |                                      |                        | uptcy filing date unlo<br>y is filed. If this is a |                       |  |            |       |                 |  |       |
| the   | value of sucl              | h assistance and                     | non-cash<br>d have inc | government assista<br>luded it on <i>Schedul</i>   | nce if y<br>le I: You | ou know<br>ur Income                     |            |       | Your expe       | 2000   |       |
| (Ott  | ficial Form 10             | )6I.)                                |                        |  |                       |  |            | -     | Tour expe       | 511505   |       |
| 4.    |                            | or home ownershod any rent for the   |                        | <b>ses for your resider</b><br>r lot.              | nce. Inc              | lude first mortgage                      | 4.         | \$_   |                 | 2,531.00   |       |
|       | If not includ              | led in line 4:                       |                        |  |                       |  |            |       |                 |  |       |
|       | 4a. Real e                 | estate taxes                         |                        |  |                       |  | 4a.        | \$    |                 | 0.00   |       |
|       | •                          | rty, homeowner's                     | -                      |  |                       |  | 4b.        |       |                 | 0.00   |       |
|       |                            | maintenance, re                      |                        |  |                       |  | 4c.        |       |                 | 100.00   |       |
| 5.    |                            | owner's associati<br>nortgage payme  |                        | dominium dues<br>o <b>ur residence,</b> such a     | as home               | e equity loans                           | 4d.<br>5.  |       |                 | 0.00   |       |

| ebtor 1 Cezary S                   | S Wysocki  | Case number (if known) |                     |                            |  |  |
|------------------------------------|--|------------------------|---------------------|----------------------------|--|--|
| 5. Utilities:                      |  |                        |                     |                            |  |  |
|                                    | , heat, natural gas  | 6a.                    | \$                  | 505.00                     |  |  |
| •                                  | wer, garbage collection  | 6b.                    |                     | 40.00                      |  |  |
|                                    | e, cell phone, Internet, satellite, and cable services                           | 6c.                    | \$                  |                            |  |  |
|                                    |  |                        | ·                   | 350.00                     |  |  |
|                                    |  | 6d.                    |                     | 0.00                       |  |  |
|                                    | sekeeping supplies   | 7.                     | ·                   | 800.00                     |  |  |
|                                    | children's education costs   | 8.                     | \$                  | 1,750.00                   |  |  |
|                                    | dry, and dry cleaning  | 9.                     | \$                  | 200.00                     |  |  |
|                                    | products and services  | 10.                    | \$                  | 100.00                     |  |  |
| <ol> <li>Medical and de</li> </ol> | ental expenses   | 11.                    | \$                  | 400.00                     |  |  |
| •                                  | . Include gas, maintenance, bus or train fare.                                   | 40                     | <b>c</b>            | 600.00                     |  |  |
| Do not include o                   |  | 12.                    | ·                   |                            |  |  |
|                                    | clubs, recreation, newspapers, magazines, and books                              | 13.                    | ·                   | 150.00                     |  |  |
| 4. Charitable cont                 | tributions and religious donations   | 14.                    | \$                  | 100.00                     |  |  |
| 5. <b>Insurance.</b>               |  |                        |                     |                            |  |  |
|                                    | nsurance deducted from your pay or included in lines 4 or 20.                    |                        | •                   |                            |  |  |
| 15a. Life insura                   |  | 15a.                   | ·                   | 0.00                       |  |  |
| 15b. Health ins                    |  | 15b.                   | ·                   | 0.00                       |  |  |
| 15c. Vehicle in                    | surance  | 15c.                   | \$                  | 295.00                     |  |  |
| 15d. Other insu                    | urance. Specify:   | 15d.                   | \$                  | 0.00                       |  |  |
| 6. Taxes. Do not in                | nclude taxes deducted from your pay or included in lines 4 or 20.                |                        |                     |                            |  |  |
| Specify:                           | •  | 16.                    | \$                  | 0.00                       |  |  |
| 7. Installment or I                | ease payments:   |                        |                     |                            |  |  |
| 17a. Car paym                      | ents for Vehicle 1   | 17a.                   | \$                  | 0.00                       |  |  |
| 17b. Car paym                      | nents for Vehicle 2  | 17b.                   | \$                  | 0.00                       |  |  |
| 17c. Other. Sp                     | ecify: Wife's Auto Loan  | 17c.                   | \$                  | 412.00                     |  |  |
|                                    | ecify: Wife's Auto Loan  | 17d.                   | \$                  | 390.00                     |  |  |
|                                    | student Loans  |                        | \$                  | 550.00                     |  |  |
|                                    | s of alimony, maintenance, and support that you did not report a                 | 18                     |                     | 330.00                     |  |  |
|                                    | your pay on line 5, Schedule I, Your Income (Official Form 106I)                 |                        | \$                  | 0.00                       |  |  |
|                                    | s you make to support others who do not live with you.                           | <b>/-</b>              | \$                  | 0.00                       |  |  |
| Specify:                           | - , ,  | 19.                    | ·                   | 0.00                       |  |  |
| · /                                | perty expenses not included in lines 4 or 5 of this form or on Scl               |                        | our Income          |                            |  |  |
|                                    | s on other property  | 20a.                   |                     | 0.00                       |  |  |
| 20b. Real estat                    | • • •  | 20b.                   | ·                   | 0.00                       |  |  |
|                                    | homeowner's, or renter's insurance   | 20c.                   | ·                   | 0.00                       |  |  |
|                                    |  | 20d.                   |                     |                            |  |  |
|                                    | nce, repair, and upkeep expenses   |                        | · -                 | 0.00                       |  |  |
|                                    | ner's association or condominium dues  | 20e.                   | ·                   | 0.00                       |  |  |
| 1. Other: Specify:                 |  | 21.                    | +5                  | 0.00                       |  |  |
| 2 Calculate vour                   | monthly expenses   |                        |                     |                            |  |  |
| 22a. Add lines 4                   | •  |                        | \$                  | 9.273.00                   |  |  |
|                                    | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2            |                        | \$                  | 9,213.00                   |  |  |
|                                    |  |                        |                     |                            |  |  |
| 22c. Add line 22                   | a and 22b. The result is your monthly expenses.                                  |                        | \$                  | 9,273.00                   |  |  |
| 3 Calculate vour                   | monthly net income.  |                        |                     |                            |  |  |
|                                    | 12 (your combined monthly income) from Schedule I.                               | 23a.                   | \$                  | 8,692.32                   |  |  |
|                                    | r monthly expenses from line 22c above.  | 23a.<br>23b.           |                     |                            |  |  |
| zou. Copy you                      | i monuny expenses nom line 220 above.  | ∠30.                   | -φ                  | 9,273.00                   |  |  |
| 23c Subtract v                     | your monthly expenses from your monthly income.                                  |                        |                     |                            |  |  |
|                                    | t is your <i>monthly net income</i> .  | 23c.                   | \$                  | -580.68                    |  |  |
|                                    |  |                        |                     |                            |  |  |
|                                    | an increase or decrease in your expenses within the year after                   |                        |                     |                            |  |  |
|                                    | ou expect to finish paying for your car loan within the year or do you expect yo | our mortgage           | payment to increase | e or decrease because of a |  |  |
|                                    | terms of your mortgage?  |                        |                     |                            |  |  |
| ■ No.                              |  |                        |                     |                            |  |  |
| ☐ Yes.                             | Explain here:  |                        |                     |                            |  |  |

| Fill in this infor                | rmation to identify your                           | case:                     |  |                        |   |
|-----------------------------------|--|---------------------------|--|------------------------|---|
| Debtor 1                          | Cezary S Wysock                                    |                           |  |                        |   |
| Debtor 2                          | First Name   | Middle Name               | Last Name  |                        |   |
| (Spouse if, filing)               | First Name   | Middle Name               | Last Name  |                        |   |
| United States Ba                  | ankruptcy Court for the:                           | EASTERN DISTRICT OF       | F NEW YORK   |                        |   |
| Case number                       |  |                           |  |                        |   |
| (if known)                        |  |                           |  |                        | ☐ Check if this is an amended filing                            |
| Official Form                     | m 100Doo   |                           |  |                        |   |
| Official Ford<br><b>Declara</b> t |  | n Individual              | Debtor's Sche  | edules                 | 12/15   |
| obtaining mone                    |  | n connection with a bank  | or amended schedules. Mal<br>ruptcy case can result in fin |                        |   |
| Sig                               | ın Below   |                           |  |                        |   |
| Did you pa                        | ay or agree to pay some                            | one who is NOT an attori  | ney to help you fill out bank                              | ruptcy forms?          |   |
| ■ No                              |  |                           |  |                        |   |
| ☐ Yes.                            | Name of person                                     |                           |  |                        | cy Petition Preparer's Notice,<br>Signature (Official Form 119) |
|                                   | alty of perjury, I declare<br>re true and correct. | that I have read the sumr | mary and schedules filed wi                                | th this declaration an | d   |
| X /s/ Cea                         | zary S Wysocki                                     |                           | x  |                        |   |
| Cezary                            | y S Wysocki<br>ure of Debtor 1                     |                           | Signature of Debi  | tor 2                  |   |
| Date                              | July 3, 2018                                       |                           | Date   |                        |   |
|                                   |  |                           |  |                        |   |

Official Form 106Dec

| Fill i          | n this infor           | mation to identify you                      | case:                                      |   |  |                                    |
|-----------------|------------------------|---|--|---|--|------------------------------------|
| Debt            |                        | Cezary S Wysoc                              |  |   |  |                                    |
|                 |                        | First Name                                  | Middle Name                                | Last Name   |  |                                    |
| Debt<br>(Spou   | or 2<br>se if, filing) | First Name                                  | Middle Name                                | Last Name   |  |                                    |
| ` .             |                        |   | EASTERN DISTRICT OF                        |   |  |                                    |
| Unite           | ed States Ba           | inkruptcy Court for the:                    | EASTERN DISTRICT OF                        | NEW YORK  |  |                                    |
| Case<br>(if kno | e number<br>wn)        |   |  |   | -  | Check if this is an amended filing |
|                 |                        | orm 107                                     | Affaira far Indivi                         | duala Filina for B  | ankruntav  |                                    |
|                 |                        |   |  | duals Filing for B  |  | 4/16                               |
| inforı          | nation. If n           |   | attach a separate sheet to                 |   | equally responsible for sup<br>y additional pages, write yo    |                                    |
| Part            | 1: Give I              | Details About Your Ma                       | rital Status and Where You                 | Lived Before  |  |                                    |
| 1. \            | What is you            | ır current marital statu                    | s?   |   |  |                                    |
|                 | <b>.</b>               |   |  |   |  |                                    |
|                 | ■ Married ■ Not ma     | -   |  |   |  |                                    |
| •               |                        |   | Paradamentary advands an                   |   |  |                                    |
| 2. I            | Juring the i           | ast 3 years, nave you                       | lived anywhere other than                  | where you live now?   |  |                                    |
| ı               | No                     |   |  |   |  |                                    |
|                 | Yes. Lis               | st all of the places you I                  | ived in the last 3 years. Do n             | ot include where you live now   | <i>1</i> .   |                                    |
|                 | Debtor 1 P             | rior Address:                               | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | dress:   | Dates Debtor 2<br>lived there      |
|                 |                        |   |  |   | ity property state or territor<br>ico, Texas, Washington and V |                                    |
| I               | No                     |   |  |   |  |                                    |
|                 | ☐ Yes. M               | ake sure you fill out <i>Sch</i>            | nedule H: Your Codebtors (O                | fficial Form 106H).   |  |                                    |
| Part            | 2 Expla                | in the Sources of You                       | r Income                                   |   |  |                                    |
| r urt           | Explu                  | m the courses of roa                        | - moonic                                   |   |  |                                    |
| ı               | Fill in the tot        | al amount of income yo                      | u received from all jobs and a             | ng a business during this yeall businesses, including parter together, list it only once ur |  | ndar years?                        |
|                 | □ No                   |   |  |   |  |                                    |
|                 | Yes. Fi                | Il in the details.                          |  |   |  |                                    |
|                 |                        |   | Debtor 1                                   |   | Debtor 2   |                                    |
|                 |                        |   | Sources of income<br>Check all that apply. | Gross income (before deductions and   | Sources of income<br>Check all that apply.                     | Gross income (before deductions    |
| F               | . lon:                 | of annual version and the                   | _  | exclusions)   | <b>-</b>   | and exclusions)                    |
|                 |                        | of current year until<br>ed for bankruptcy: | ■ Wages, commissions, bonuses, tips        | \$39,386.82   | ☐ Wages, commissions, bonuses, tips                            |                                    |
|                 |                        |   | ☐ Operating a business                     |   | ☐ Operating a business   |                                    |

Official Form 107

| Deb   | otor 1 Ce                | zary S Wysocki   |   | Case number (if known)  |   |  |   |  |  |  |
|---|--------------------------|--|---|---|---|--|---|--|--|--|
|   |                          |  |   |   |   |  |   |  |  |  |
|   |                          |  | Debtor 1  |   | Debtor 2  |  |   |  |  |  |
|   |                          |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of inc<br>Check all that a  |  | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
|   | last caler<br>nuary 1 to | ndar year:<br>December 31, 2017 )  | ■ Wages, commissions, bonuses, tips   | \$79,124.91   | ☐ Wages, combonuses, tips   | nmissions,                                   |   |  |  |  |
|   |                          |  | ☐ Operating a business  |   | ☐ Operating a   | business                                     |   |  |  |  |
|   |                          | dar year before that:<br>December 31, 2016)  | ■ Wages, commissions, bonuses, tips   | \$81,758.56   | ☐ Wages, combonuses, tips   | ımissions,                                   |   |  |  |  |
|   |                          |  | ☐ Operating a business  |   | ☐ Operating a   | business                                     |   |  |  |  |
|   | winnings.  List each  No | If you are filing a joint ca   | ; pensions; rental income; inter<br>ase and you have income that y<br>come from each source separa  | you received together, list it o  | only once under De  | ebtor 1.                                     | gambling and lottery                                  |  |  |  |
|   |                          |  | Debtor 1  |   | Debtor 2  |  |   |  |  |  |
|   |                          |  | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of inc<br>Describe below  |  | Gross income<br>(before deductions<br>and exclusions) |  |  |  |
| Par   | t 3: Lis                 | t Certain Payments Yo  | u Made Before You Filed for   | Bankruptcy  |   |  |   |  |  |  |
| 6.  | □ No.                    | Neither Debtor 1 nor individual primarily for During the 90 days bet \( \begin{array}{cccccccccccccccccccccccccccccccccccc | each creditor to whom you pai<br>creditor. Do not include paymer<br>e payments to an attorney for to<br>nt on 4/01/19 and every 3 year<br>or both have primarily consu<br>fore you filed for bankruptcy, di | Immer debts. Consumer debtald purpose."  Indicate you pay any creditor a total dayou pay any | al of \$6,425* or mo<br>in one or more pay<br>gations, such as ch<br>or after the date of<br>al of \$600 or more? | yments and the nild support and fadjustment. | e total amount you ad alimony. Also, do               |  |  |  |
|   | Creditor                 | 's Name and Address  | Dates of payme  | ent Total amount paid   | Amount you still owe  | Was this pa                                  | ayment for  |  |  |  |
| Wells Fargo Home Mor<br>Attn: Bankruptcy<br>Mac X7801-014<br>3476 Stateview Blvd<br>Fort Mill, SC 29715 |                          | 05/18<br>04/18<br>03/18  | \$7,593.00  | 93.00 \$283,499.00  |   |  |   |  |  |  |

| Deb  | tor 1 Cezary S Wyso  | ocki  |   | Cas                                     | se number (if known)                        |                                     |  |
|------|--|---|---|---|---|-------------------------------------|--|
|      | Within 1 year before yo<br>Insiders include your relation which you are an office<br>a business you operate a<br>alimony.        | itives; any general partner, director, person in co | ers; relatives of any gen-<br>ntrol, or owner of 20% of | eral partners; partners of their voting | erships of which yog<br>g securities; and a | ou are a general<br>ny managing ago | partner; corporations<br>ent, including one fo |
|      | <ul><li>■ No</li><li>□ Yes. List all paymer</li></ul>  | nts to an insider.                                  |   |   |   |                                     |  |
|      | Insider's Name and Ac  | Idress  | Dates of payment  | Total amount paid                       | Amount you still owe                        | Reason for th                       | nis payment                                    |
|      | Within 1 year before yo insider? Include payments on deb   |   |   | ments or transfer a                     | any property on a                           | ccount of a deb                     | ot that benefited an                           |
|      | No   | de te en Section                                    |   |   |   |                                     |  |
|      | ☐ Yes. List all paymer<br>Insider's Name and Ac  |   | Ostas of navment  | Total amount                            | Amount you                                  | Doggan for th                       | nia naumant                                    |
|      | insider 5 Name and Ad  | luiess  | Dates of payment  | Total amount paid                       | Amount you still owe                        | Reason for the Include creditor     |  |
| Part | 4: Identify Legal Ac   | ions, Repossessions,                                | and Foreclosures  |   |   |                                     |  |
|      | Within 1 year before yo List all such matters, incl modifications, and contra  No Yes. Fill in the detail Case title Case number | uding personal injury ca<br>ict disputes.<br>Is.    |   |   |   |                                     | or custody                                     |
|      | Within 1 year before yo Check all that apply and  No. Go to line 11.  Yes. Fill in the inform                                    | fill in the details below.                          | was any of your prope                                   | erty repossessed, f                     | oreclosed, garnis                           | shed, attached,                     | seized, or levied?                             |
|      | Creditor Name and Ad   |   | Describe the Property                                   |   | Date  |                                     | Value of the                                   |
|      |  | E   | Explain what happened                                   | I                                       |   |                                     | property                                       |
|      | Within 90 days before y accounts or refuse to n ■ No □ Yes. Fill in the detail   | nake a payment becau                                |   | uding a bank or fi                      | nancial institutior                         | n, set off any an                   | nounts from your                               |
|      | Creditor Name and Ad   | dress   | Describe the action the                                 | creditor took                           | Date<br>taker                               | action was                          | Amount   |
|      | Within 1 year before yo court-appointed receive  |   |   | erty in the possess                     |   |                                     | t of creditors, a                              |
|      | ■ No   |   |   |   |   |                                     |  |
|      | Yes  |   |   |   |   |                                     |  |
| Part | List Certain Gifts   | and Contributions                                   |   |   |   |                                     |  |
|      | Within 2 years before y  No  |   | /, did you give any gifts                               | s with a total value                    | of more than \$60                           | 0 per person?                       |  |
|      | Yes. Fill in the detail  |   | Describe the gifts                                      |   |   | s you gave                          | Value  |
|      | Person to Whom You Address:  | Gave the Gift and                                   |   |   | the g                                       | 1113                                |  |

Official Form 107

| Deb  | tor 1 Cezary S Wysocki  |                 |  | Case number                       | (if known)                               |                        |  |  |
|------|---|-----------------|--|-----------------------------------|--|------------------------|--|--|
|      |   |                 |  |                                   |  |                        |  |  |
|      | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  ■ No  ■ Yes. Fill in the details for each gift or contribution.  |                 |  |                                   |  |                        |  |  |
|      | Gifts or contributions to charities that to<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code)  |                 | Describe what you contributed  |                                   | Dates you contributed                    | Value                  |  |  |
| Part | 6: List Certain Losses  |                 |  |                                   |  |                        |  |  |
|      | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?   |                 |  |                                   |  |                        |  |  |
|      | ■ No □ Yes. Fill in the details.  |                 |  |                                   |  |                        |  |  |
|      | how the loss occurred   |                 | be any insurance coverage for the lot<br>the amount that insurance has paid. L | Date of your loss                 | Value of property lost                   |                        |  |  |
|      |   | insuran         | ce claims on line 33 of Schedule A/B:  | Property.                         |  |                        |  |  |
| Part | 7: List Certain Payments or Transfers   |                 |  |                                   |  |                        |  |  |
|      | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?  Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes, Fill in the details. |                 |  |                                   |  |                        |  |  |
|      | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You   |                 | Description and value of any prop transferred                                  | Date payment or transfer was made | Amount of payment                        |                        |  |  |
|      | Jacoby & Jacoby, Attorneys At Law<br>1737 NORTH OCEAN AVENUE<br>Medford, NY 11763   |                 | Attorney Fees  |                                   | 06/15/18                                 | \$2,000.00             |  |  |
|      | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that No  Yes. Fill in the details.   | itors o         | to make payments to your creditor  |                                   | or transfer any prope                    | rty to anyone who      |  |  |
|      | Person Who Was Paid<br>Address  |                 | Description and value of any prop transferred                                  | erty                              | Date payment or transfer was made        | Amount of payment      |  |  |
| ,    | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre  No Yes. Fill in the details.  | busin<br>made a | ess or financial affairs? as security (such as the granting of a s             |                                   | erty to anyone, othe                     |                        |  |  |
|      | Person's relationship to you  |                 | Description and value of property transferred                                  |                                   | any property or received or debts change | Date transfer was made |  |  |

Debtor 1 Case number (if known) Cezary S Wysocki 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No

Yes. Fill in the details.

Name of Financial Institution
Address (Number, Street, City, State and ZIP Code)

Who else had access to it?
Address (Number, Street, City,
State and ZIP Code)

Describe the contents

Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

■ No

☐ Yes. Fill in the details.

Name of Storage Facility
Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

■ No

☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Cezary S Wysocki

Case number (if known)

| 24. | Has  | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |  |    |                                   |   |  |  |  |
|-----|--|--|--|----|-----------------------------------|---|--|--|--|
|     | Yes. Fill in the details.  |  |  |    |                                   |   |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d  | Environmental law, if you know it | Date of notice  |  |  |  |
| 25. | Hav  | Have you notified any governmental unit of any release of hazardous material?  |  |    |                                   |   |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |    |                                   |   |  |  |  |
|     |  | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | d  | Environmental law, if you know it | Date of notice  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.  |  |  |    |                                   |   |  |  |  |
|     |  | No<br>Yes. Fill in the details.  |  |    |                                   |   |  |  |  |
|     |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Na | ature of the case                 | Status of the case  |  |  |  |
| Par | t 11:  | Give Details About Your Business or 0  | Connections to Any Business  |    |                                   |   |  |  |  |
| 27. | Wit  | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?       |  |    |                                   |   |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |  |    |                                   |   |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |  |    |                                   |   |  |  |  |
|     | ☐ A partner in a partnership   |  |  |    |                                   |   |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |  |    |                                   |   |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |  |    |                                   |   |  |  |  |
|     | ■ No. None of the above applies. Go to Part 12.  |  |  |    |                                   |   |  |  |  |
|     | Yes. Check all that apply above and fill in the details below for each business.   |  |  |    |                                   |   |  |  |  |
|     |  |  | Describe the nature of the business  |    |                                   | loyer Identification number<br>ot include Social Security number or ITIN.<br>s business existed |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)  |  | Name of accountant or bookkeeper   |    | Dates business existed            |   |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |  |    |                                   |   |  |  |  |
|     |  | No<br>Yes. Fill in the details below.  |  |    |                                   |   |  |  |  |
|     |  | me<br>dress<br>mber, Street, City, State and ZIP Code)   | Date Issued  |    |                                   |   |  |  |  |
|     |  |  |  |    |                                   |   |  |  |  |

| Debtor 1             | Cezary S Wysocki                                | Case number (if known)   |
|----------------------|---|--|
|                      |   |  |
| Part 12:             | Sign Below                                      |  |
| are true a with a ba | and correct. I understand that making a false s | Affairs and any attachments, and I declare under penalty of perjury that the answers tatement, concealing property, or obtaining money or property by fraud in connection 00, or imprisonment for up to 20 years, or both. |
| /s/ Ceza             | ry S Wysocki                                    |  |
| ,                    | S Wysocki<br>e of Debtor 1                      | Signature of Debtor 2  |
| Date J               | uly 3, 2018                                     | Date   |
| Did you a            | nttach additional pages to Your Statement of F  | inancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| ■ No                 |   |  |
| ☐ Yes                |   |  |
| Did you p            | pay or agree to pay someone who is not an att   | orney to help you fill out bankruptcy forms?   |
| ■ No                 |   |  |
| ☐ Yes. N             | ame of Person . Attach the Bankruptcy Pe        | etition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

| Debtor 1 Cezary S Wysocki   |                |
|---|----------------|
|   |                |
| First Name Middle Name Last Name  Debtor 2  |                |
| (Spouse if, filing) First Name Middle Name Last Name  |                |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK  |                |
| Case number   |                |
| (if known) Check if this is an amended filing   |                |
|   |                |
| Official Form 108   |                |
| Statement of Intention for Individuals Filing Under Chapter 7   | 2/15           |
| If you are an individual filing under chapter 7, you must fill out this form if:  |                |
| creditors have claims secured by your property, or  |                |
| you have leased personal property and the lease has not expired.  |                |
| You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of credito whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you   |                |
| on the form   | IISL           |
| If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors m   | ust            |
| sign and date the form.   | 201            |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pa   | ges,           |
| write your name and case number (if known).   |                |
| Part 1: List Your Creditors Who Have Secured Claims   |                |
|   |                |
| <ol> <li>For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in<br/>information below.</li> </ol>   | tne            |
| Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the prosecures a debt?  Did you claim the prosecures a debt?  |                |
| as exempt on occident   | iic <b>O</b> : |
|   |                |
| Creditor's Mr. Cooper Surrender the property. No  |                |
| name: ☐ Retain the property and redeem it. ☐ Retain the property and enter into a ☐ Yes   |                |
| Description of 140-50 Burden Crescent Reaffirmation Agreement.  |                |
| property Jamaica, NY 11436 Queens  Retain the property and [explain]:  County  Petain collectors and continue making  |                |
| Retain Condition and Continue making  |                |
| regular payments  |                |
|   |                |
| Creditor's Wells Fargo Home Mor Surrender the property. No  |                |
|   |                |
| Treatment property and redeem it.   |                |
| Description of 50 Tree Road Centereach, NY  Retain the property and enter into a  Reaffirmation Agreement.  |                |
| Description of property  The Road Centereach, NY  The Road Centereach, |                |
| Description of 50 Tree Road Centereach, NY  Reaffirmation Agreement.  |                |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Official Form 108

| Case number (if known)                                     |
|--|
|  |
| Will the lease be assumed?                                 |
| □ No   |
| ☐ Yes  |
|  |
| property of my estate that secures a debt and any personal |
|  |
| ture of Debtor 2   |
|  |
|  |

| Fill in this               | s information to identify your case:   |  |                                     |                      | e box only as d   | irected                | in this form and                     | l in Form                         |
|----------------------------|--|--|-------------------------------------|----------------------|---|------------------------|--------------------------------------|-----------------------------------|
| Debtor 1                   | Cezary S Wysocki   |  | 12                                  | 2A-1Su               | ipp:  |                        |                                      |                                   |
| Debtor 2<br>(Spouse, if    | iiling)  |  |                                     | □ 1. T               | here is no pres   | umption                | of abuse                             |                                   |
| United S                   | tates Bankruptcy Court for the: Eastern District of  | New York                                   | _                                   | a                    | he calculation to<br>applies will be m<br>Calculation (Offi | nade un                | der <i>Chapter 7</i> i               | nption of abuse<br>Means Test     |
| Case nul<br>(if known)     | mber   |  |                                     | □ 3. T               | he Means Test<br>qualified military                         | does no                | ot apply now be                      |                                   |
|                            |  |  |                                     |                      | eck if this is a  |                        |                                      | pry later.                        |
| Officia                    | al Form 122A - 1   |  |                                     | <u> </u>             | cck ii tilis is a   | ii aiiici              | idea iiiiig                          |                                   |
|                            | ter 7 Statement of Your Cur  | rent Mor                                   | nthly Inc                           | omo                  | е   |                        |                                      | 12/15                             |
| attach a se<br>case num    | plete and accurate as possible. If two married people apparate sheet to this form. Include the line number to woer (if known). If you believe that you are exempted froi military service, complete and file Statement of Exempted Calculate Your Current Monthly Income | hich the additior<br>m a presumption       | nal information a<br>of abuse becau | applies.<br>se you   | On the top of ar  | ny additi<br>narily co | onal pages, writ                     | te your name and<br>or because of |
|                            | at is your marital and filing status? Check one or   | nlv  |                                     |                      |   |                        |                                      |                                   |
|                            | Not married. Fill out Column A, lines 2-11.  | uy.  |                                     |                      |   |                        |                                      |                                   |
|                            | Married and your spouse is filing with you. Fill ou  | ut both Columns                            | A and B, lines                      | 2-11.                |   |                        |                                      |                                   |
|                            | Married and your spouse is NOT filing with you.  | You and your s                             | spouse are:                         |                      |   |                        |                                      |                                   |
|                            | Living in the same household and are not lega  | illy separated.                            | Fill out both Co                    | lumns                | A and B, lines 2  | 2-11.                  |                                      |                                   |
| [                          | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading   | egally separated                           | under nonban                        | kruptcy              | / law that applie   | es or tha              |                                      |                                   |
| 101(10<br>the 6 m          | he average monthly income that you received from all A). For example, if you are filing on September 15, the 6-m tenths, add the income for all 6 months and divide the total s own the same rental property, put the income from that p                                 | onth period would<br>by 6. Fill in the res | be March 1 throsult. Do not include | ugh Aug<br>de any ir | ust 31. If the amo  | ount of your           | our monthly incom<br>once. For examp | ne varied during<br>le, if both   |
|                            |  |  |                                     | Colum<br>Debto       |   |                        | nn B<br>or 2 or<br>iling spouse      |                                   |
|                            | ir gross wages, salary, tips, bonuses, overtime, roll deductions).   | and commission                             | ons (before all                     | \$                   | 6,988.00  | \$                     | 7,542.58                             |                                   |
|                            | nony and maintenance payments. Do not include umn B is filled in.  | payments from                              | a spouse if                         | \$                   | 0.00  | \$                     | 0.00                                 |                                   |
| <b>of y</b><br>from<br>and | amounts from any source which are regularly partou or your dependents, including child support on an unmarried partner, members of your household roommates. Include regular contributions from a spart on the include payments you listed on line 3.                    | . Include regular<br>I, your depende       | contributions<br>nts, parents,      | \$                   | 0.00  | \$                     | 0.00                                 |                                   |
| 5. <b>Net</b>              | income from operating a business, profession,  |  |                                     |                      |   |                        |                                      |                                   |
| 0                          | an analysis (before all deductions)  | \$ 0.00                                    | tor 1                               |                      |   |                        |                                      |                                   |
|                            | ss receipts (before all deductions) inary and necessary operating expenses   | -\$ 0.00                                   |                                     |                      |   |                        |                                      |                                   |
|                            | monthly income from a business, profession, or far   | m \$ 0.00                                  | Copy here ->                        | \$                   | 0.00  | \$                     | 0.00                                 |                                   |
|                            | income from rental and other real property   |  |                                     |                      |   |                        |                                      |                                   |
|                            |  |  | tor 1                               |                      |   |                        |                                      |                                   |
|                            | ss receipts (before all deductions)  | \$ <u>0.00</u><br>-\$ <u>0.00</u>          |                                     |                      |   |                        |                                      |                                   |
|                            | inary and necessary operating expenses   | *  | Copy here ->                        | \$                   | 0.00  | \$                     | 0.00                                 |                                   |
|                            | monthly income from rental or other real property  | \$   | Copy liele ->                       | \$                   | 0.00  | \$<br>                 | 0.00                                 |                                   |
| /. Inte                    | rest, dividends, and royalties   |  |                                     | Ψ                    | 0.00  |                        | 0.00                                 |                                   |

Official Form 122A-1

Case number (if known)

|      |  |   |               | Column A Debtor 1 |             | Column B Debtor 2 o |                    |
|------|--|---|---------------|-------------------|-------------|---------------------|--------------------|
| 8.   | Unemployment compensation  |   |               | \$                | 0.00        | \$                  | 0.00               |
|      | Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:   | t received was a ben                        | efit under    |                   |             |                     |                    |
|      | For you \$   | (   | 0.00          |                   |             |                     |                    |
|      | For your spouse \$   |   | 0.00          |                   |             |                     |                    |
| 9.   | Pension or retirement income. Do not include any ambenefit under the Social Security Act.  | nount received that w                       | as a          | \$                | 0.00        | \$                  | 0.00               |
| 10.  | Income from all other sources not listed above. Spe<br>Do not include any benefits received under the Social S<br>received as a victim of a war crime, a crime against hur<br>domestic terrorism. If necessary, list other sources on a<br>total below.  | Security Act or paymemanity, or internation | ents<br>al or |                   |             |                     |                    |
|      | ·  |   |               | \$                | 0.00        | \$                  | 0.00               |
|      |  |   |               | \$                | 0.00        | \$                  | 0.00               |
|      | Total amounts from separate pages, if any.   |   | +             | \$                | 0.00        | \$                  | 0.00               |
| 11.  | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column |   | \$            | 6,988.00          | + \$_       | 7,542.58            | = \$ 14,530.       |
| Part | ···  |   |               |                   |             |                     | income             |
| 12.  | Calculate your current monthly income for the year.  | . Follow these steps:                       |               |                   |             |                     |                    |
|      | 12a. Copy your total current monthly income from line 1  | 11  |               | Сор               | y line 11   | here=>              | <b>\$</b> 14,530.  |
|      | Multiply by 12 (the number of months in a year)  |   |               |                   |             |                     | x 12               |
|      | 12b. The result is your annual income for this part of the   | e form                                      |               |                   |             | 121                 | 5. <b>174,366.</b> |
| 13.  | Calculate the median family income that applies to   | you. Follow these ste                       | eps:          |                   |             |                     |                    |
|      | Fill in the state in which you live.   | NY  |               |                   |             |                     |                    |
|      | ,  |   | J<br>1        |                   |             |                     |                    |
|      | Fill in the number of people in your household.  | 3   |               |                   |             |                     |                    |
|      | Fill in the median family income for your state and size   | of household.                               |               |                   |             | 13.                 | \$ 80,840.         |
|      | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank  | online using the link                       | specified     | in the separa     | ate instrud | ctions              |                    |
| 14.  | How do the lines compare?  |   |               |                   |             |                     |                    |
|      | 14a.    Line 12b is less than or equal to line 13. O Go to Part 3.   | n the top of page 1, o                      | check box     | (1, There is      | no presur   | nption of abus      | se.                |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.   | of page 1, check box                        | 2, The pr     | resumption o      | f abuse is  | determined b        | y Form 122A-2.     |
| art  | 3: Sign Below  |   |               |                   |             |                     |                    |
|      | By signing here, I declare under penalty of perjury  | that the information                        | on this st    | atement and       | in any att  | achments is t       | rue and correct.   |
|      | V /a/ Caramy & Mysasaki  |   |               |                   | •           |                     |                    |
|      | X /s/ Cezary S Wysocki Cezary S Wysocki Signature of Debtor 1  |   |               |                   |             |                     |                    |
|      | Date July 3, 2018 MM / DD / YYYY   |   |               |                   |             |                     |                    |
|      | If you checked line 14a, do NOT fill out or file Forn  | n 122A-2.                                   |               |                   |             |                     |                    |
|      | If you chacked line 14h, fill out Form 122A 2 and fi   |   |               |                   |             |                     |                    |

Cezary S Wysocki

Debtor 1

| Fill in this information to identify your case: |   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Debtor 1  | Cezary S Wysocki                                      |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing                  | 3)  |  |  |  |  |  |  |
| United States B                                 | ankruptcy Court for the: Eastern District of New York |  |  |  |  |  |  |
| Case number (if known)                          |   |  |  |  |  |  |  |

| Check the   | appropriate | box | as | directed | ir |
|-------------|-------------|-----|----|----------|----|
| lines 40 or | 42:         |     |    |          |    |

According to the calculations required by this Statement:

- 1. There is no presumption of abuse.
- $\square$  2. There is a presumption of abuse.
- $\hfill\square$  Check if this is an amended filing

# Official Form 122A - 2

# **Chapter 7 Means Test Calculation**

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

| Par | t 1: Determine Your Adjusted Income   |  |
|-----|---|--|
| 1.  | Copy your total current monthly income. Copy line 11  | from Official Form 122A-1 here=> \$ 14,530.58                    |
| 2.  | Did you fill out Column B in Part 1 of Form 122A-1?  ☐ No. Fill in \$0 for the total on line 3.  ☐ Yes. Is your spouse Filing with you?  ☐ No. Go to line 3.  ☐ Yes. Fill in \$0 for the total on line 3.   |  |
| 3.  | Adjust your current monthly income by subtracting any part of your shousehold expenses of you or your dependents. Follow these steps:  On line 11, Column B of Form 122A–1, was any amount of the income you expenses of you or your dependents?  No. Fill in 0 for the total on line 3.  Yes. Fill in the information below: | ,  |
|     | State each purpose for which the income was used  For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.  Wife's Student Loans  | Fill in the amount you are subtracting from your spouse's income |
|     | Wife's Auto Loan  | \$ <u>412.00</u><br>\$ 390.00                                    |
|     | Total.  | \$\$ 390.00<br>\$\$ Copy total here=> \$1,352.00                 |
| 4.  | Adjust your current monthly income. Subtract line 3 from line 1.  | \$ <u>13,178.58</u>  |

Case 8-18-74507-reg Doc 1 Filed 07/03/18 Entered 07/03/18 13:03:59

| Debtor 1               | Cezary S Wysocki   |   | Case number (if   | known)  |                  |
|------------------------|--|---|---|---|------------------|
| Part 2:                | Calculate Your Deductions from Your Income   |   |   |   |                  |
| to an<br>instr<br>Dedu | nternal Revenue Service (IRS) issues National and I<br>swer the questions in lines 6-15. To find the IRS sta<br>uctions for this form. This information may also be a<br>let the expense amounts set out in lines 6-15 regardless  | andards, go online available at the bar     | using the link specific<br>akruptcy clerk's office<br>anse. In later parts of the | ed in the separate  e. e form, you will use sor |                  |
|                        | actual expenses if they are higher than the standards. En in line 3 and do not deduct any operating expenses t   |   |   |   |                  |
| -                      | ir expenses differ from month to month, enter the average this part of the from refers to you, it means both you   |   | if Column B of Form 1:  | 22A-1 is filled in.                             |                  |
| 5.                     | The number of people used in determining your dec  | ductions from inco                          | me  |   |                  |
|                        | Fill in the number of people who could be claimed as explus the number of any additional dependents whom youthe number of people in your household.  |   |   |   |                  |
| Natio                  | onal Standards You must use the IRS National   | al Standards to ansv                        | ver the questions in line   | es 6-7.   |                  |
|                        | Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an   |   | in line 5 and the IRS N   | National \$                                     | 1,384.00         |
|                        | Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional transfer of the second seco | mber of people is sp<br>a higher IRS allowa | lit into two categories<br>ance for health care co                                | people who are under 6                          | 55 and           |
| Peop                   | ole who are under 65 years of age  |   |   |   |                  |
|                        | 7a. Out-of-pocket health care allowance per person   | \$52  | -   |   |                  |
|                        | 7b. Number of people who are under 65  | X3  |   |   |                  |
|                        | 7c. <b>Subtotal.</b> Multiply line 7a by line 7b.  | \$156.00                                    | Copy here=>   | \$156.00  |                  |
| Peop                   | ole who are 65 years of age or older   |   |   |   |                  |
|                        | 7d. Out-of-pocket health care allowance per person   | \$114                                       | -   |   |                  |
|                        | 7e. Number of people who are 65 or older   | X0  |   |   |                  |
|                        | 7f. Subtotal. Multiply line 7d by line 7e.   | \$ 0.00                                     | Copy here=>   | +\$   |                  |
|                        | 7g. T <b>otal.</b> Add line 7c and line 7f   |   | \$156.00  | Copy total here=>                               | \$ <u>156.00</u> |
|                        |  |   |   |   |                  |

| Debtor 1 | Cezary S Wysocki | Case number (if known) |
|----------|------------------|------------------------|
| Deploi   | Cezaly o wysocki | Case number (ii known) |

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor   | Averag<br>payme | e monthly<br>nt |
|------------------------|-----------------|-----------------|
| 140-50 Burden Crescent | \$              | 425.00          |
| Mr. Cooper             | \$              | 496.00          |
| Wells Fargo Home Mor   | \$              | 2,531.00        |

| Total average monthly payment | \$ | 3,452.00 | Copy<br>here=> | -\$ | 3,452.00 Repeat this amount on line 33a. |
|-------------------------------|----|----------|----------------|-----|--|
|-------------------------------|----|----------|----------------|-----|--|

9c. Net mortgage or rent expense.

| Subtract line 9b (total average monthly payment) from line 9a (mortgage | •  | 0.00 | Сору      | 0.00 |
|---|----|------|-----------|------|
| or rent expense). If this amount is less than \$0, enter \$0            | \$ | 0.00 | here=> \$ | 0.00 |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.
  - ☐ 1. Go to line 12.
  - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

608.00

| Debtor 1 | Cezary S Wysocki  |                          | Case n            | umbe  | r ( <i>if known</i> ) |  |        |
|----------|---|--------------------------|-------------------|-------|-----------------------|--|--------|
| 13.      | Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.   |                          |                   |       |                       |  |        |
| Vel      | hicle 1 Describe Vehicle 1:   |                          |                   |       |                       |  |        |
| 13a.     | Ownership or leasing costs using IRS Local Standard   |                          | (                 | §     | 0.00                  | 0  |        |
| 13b.     | Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.   |                          |                   |       |                       |  |        |
|          | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.  |                          | at                |       |                       |  |        |
|          | Name of each creditor for Vehicle 1   | Average monthly payment  |                   |       |                       |  |        |
|          | -NONE-  | \$                       |                   |       |                       |  |        |
|          | Total Average Monthly Payment   | \$0.00                   | Cop               | •     | -\$                   | Repeat this amount on line 33b.                |        |
| 13c.     | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0   | , enter \$0.             |                   | \$    | 0.00                  | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 0.00   |
|          | Describe Vehicle 2:  Ownership or leasing costs using IRS Local Standard  |                          |                   |       | 0.00                  | _<br>n   |        |
|          | Average monthly payment for all debts secured by Vehicle 2. leased vehicles.  |                          |                   |       | 0.00                  | <u>~</u>                                       |        |
|          | Name of each creditor for Vehicle 2   | Average monthly payment  |                   |       |                       |  |        |
|          | -NONE-  | \$                       |                   |       |                       |  |        |
|          | Total Average Monthly Payment   | \$0.00                   | Cop<br>here<br>=> |       |                       | Repeat this amount on line 33c.                |        |
| 13f.     | Net Vehicle 2 ownership or lease expense  |                          | Γ                 |       |                       | Copy net                                       |        |
|          | Subtract line 13e from line 13d. if this amount is less than \$0  | , enter \$0              |                   | \$    | 0.00                  | Vehicle 2<br>expense<br>here => \$             | 0.00   |
| 14.      | <b>Public transportation expense:</b> If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you  |                          |                   | Stanc | dards, fill in t      | he <i>Public</i> \$                            | 0.00   |
| 15.      | <b>Additional public transportation expense:</b> If you claimed also deduct a public transportation expense, you may fill in wonot claim more than the IRS Local Standard for <i>Public Trans</i> . | hat you believe is the a |                   |       |                       |  | 178.00 |

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 3.682.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. 282.00 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than 29.00 term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or 0.00 for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 1.750.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 294.00 Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 100.00 expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. 9,199.00 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.

Cezary S Wysocki

Debtor 1

| Debtor 1 | Cezary S Wysocki   |  |                               |                                      | Case number (if known)   |     |        |
|----------|--|--|-------------------------------|--------------------------------------|--|-----|--------|
| _        |  |  |                               |                                      |  |     |        |
| Add      | itional Expense Deductions   | These are addition                             | nal deduction                 | s allowed by the                     | ne Means Test.   |     |        |
|          |  | Note: Do not include                           | de any exper                  | nse allowances                       | s listed in lines 6-24.  |     |        |
| 25.      |  |  |                               |                                      | ses. The monthly expenses for health<br>ly necessary for yourself, your spouse, or   | r   |        |
|          | Health insurance   |  | \$                            | 78.45                                |  |     |        |
|          | Disability insurance   |  | \$                            | 0.00                                 |  |     |        |
|          | Health savings account   |  | + \$                          | 0.00                                 |  |     |        |
|          |  |  |                               |                                      |  |     |        |
|          | Total  |  | \$                            | 78.45                                | Copy total here=>  | \$  | 78.45  |
|          |  |  |                               |                                      |  |     |        |
|          | Do you actually spend this tota  | I amount?                                      |                               |                                      |  |     |        |
|          | No. How much do you a  | actually spend?                                |                               |                                      |  |     |        |
|          | Yes  |  | \$                            |                                      |  |     |        |
| 26.      | continue to pay for the reasona  | able and necessary ca<br>your immediate family | are and supp<br>y who is unat | oort of an elder<br>ole to pay for s | e actual monthly expenses that you will<br>ly, chronically ill, or disabled member of<br>uch expenses. These expenses may<br>29A(b). | \$  | 0.00   |
| 27.      | 7. <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. |  |                               |                                      |  |     |        |
|          | By law, the court must keep the  | e nature of these exp                          | enses confid                  | ential.                              |  | \$  | 0.00   |
| 28.      | Additional home energy cost line 8.  | s. Your home energy                            | y costs are in                | cluded in your                       | insurance and operating expenses on  |     |        |
|          | If you believe that you have how 8, then fill in the excess amoun  |  |                               | an the home e                        | nergy costs included in expenses on line   |     |        |
|          | You must give your case truste amount claimed is reasonable  |  | our actual e                  | xpenses, and y                       | ou must show that the additional   | \$  | 0.00   |
| 29.      |  | y for your dependent                           |                               |                                      | e monthly expenses (not more than than 18 years old to attend a private or   |     |        |
|          | You must give your case truste claimed is reasonable and necessary   |  |                               |                                      | you must explain why the amount 23.  |     |        |
|          | * Subject to adjustment on 4/01  | 1/19, and every 3 yea                          | ars after that                | for cases begu                       | in on or after the date of adjustment.   | \$  | 160.42 |
| 30.      |  | and clothing allowan                           | icés in the IR                | S National Sta                       | ctual food and clothing expenses are indards. That amount cannot be more   |     |        |
|          | To find a chart showing the mainstructions for this form. This c   |  |                               |                                      |  |     |        |
|          | You must show that the additio   | nal amount claimed i                           | s reasonable                  | and necessa                          | y.   | \$  | 0.00   |
| 31.      | Continuing charitable contributions to a religious or characteristic contribution of the continuing charitable contribution of the continuing charitable contributions are continuing charitable contributions.                              |  |                               |                                      | ntribute in the form of cash or financial  | +\$ | 100.00 |
|          |  |  |                               |                                      |  |     | 200.07 |
| 32.      | Add all of the additional experience Add lines 25 through 31.  | ense deductions.                               |                               |                                      |  | \$  | 338.87 |

Case number (if known)

| Dedu | ctions for Debt Payment   |  |            |  |                         |                        |
|------|---|--|------------|--|-------------------------|------------------------|
|      | or debts that are secured by an intercease, and other secured debt, fill in li  | est in property that you own, including ho   | me mor     | tgages, vehicle                          |                         |                        |
| To   |   | lyment, add all amounts that are contractuall  | y due to   | each secured                             |                         |                        |
|      | Mortgages on your home:   |  |            |  |                         | erage monthly<br>yment |
| За.  | Copy line 9b here   |  |            | =>                                       | \$                      | 3,452.00               |
|      | Loans on your first two vehicles:   |  |            |  |                         |                        |
| 3b.  | Copy line 13b here  |  |            | =>                                       | \$_                     | 0.00                   |
| Bc.  |   |  |            |  | \$                      | 0.00                   |
| 3d.  | List other secured debts:   |  |            |  |                         |                        |
| ame  | of each creditor for other secured debt   | Identify property that secures the debt  |            | Does payment include taxes or insurance? |                         |                        |
|      |   |  |            | □ No                                     |                         |                        |
|      | -NONE-  |  |            | □ Yes                                    | \$                      |                        |
|      |   |  |            |  | Ť -                     |                        |
|      |   |  |            | □ No                                     |                         |                        |
|      |   |  |            | Pes                                      | \$_                     |                        |
|      |   |  |            | □ No                                     |                         |                        |
|      |   |  |            | □ Yes                                    | +\$                     |                        |
|      |   |  |            |  | -Ψ_                     |                        |
|      |   |  |            |  | Сору                    |                        |
| 3e.  | Total average monthly payment. Add I  | nes 33a through 33d  | \$_        | 2 152 00                                 | total<br>here=>         | \$ 3,452.00            |
| 1 Δ  | re any debts that you listed in line 33   | secured by your primary residence, a vel   | L<br>hicle |  |                         |                        |
|      |   | upport or the support of your dependents   |            |  |                         |                        |
|      | No. Go to line 35.  |  |            |  |                         |                        |
|      |   | st pay to a creditor, in addition to the payment<br>ssion of your property (called the <i>cure amoul</i><br>s information below. |            |  |                         |                        |
| Nam  | e of the creditor   | Identify property that secures the debt  |            | Total cure amount                        |                         | Monthly cure amount    |
| 140  | -50 Burden Crescent   | 140-50 Burden Crescent Jamaica, I<br>11436 Queens County   | NY         | \$ <b>7,800.00</b> ÷ 6                   | 50 = \$                 | 130.00                 |
| Wel  | lls Fargo Home Mor  | 50 Tree Road Centereach, NY 1172<br>Suffolk County   | 0          | \$ <b>2,531.00</b> ÷ 6                   | so = \$                 | 42.18                  |
|      |   |  |            | \$ ÷ 6                                   | 60 = <b>+</b> \$        |                        |
|      |   | Т  | otal \$    | 172 19                                   | Copy<br>total<br>here=> | \$ 172. <sup>-</sup>   |
|      | o you owe any priority claims such a<br>re past due as of the filing date of yo | s a priority tax, child support, or alimony ur bankruptcy case? 11 U.S.C. § 507.   | - that     |  |                         |                        |
|      | No. Go to line 36.  | -  |            |  |                         |                        |
|      | Yes. Fill in the total amount of all of   | these priority claims. Do not include current  | or         |  |                         |                        |
|      | ongoing priority claims, such a<br>Total amount of all past-due p               | •  | \$         | 0.00 ÷                                   | 00                      | ф <del>-</del>         |
|      |   | normal Califor   |            | 11 (10)                                  | OLI — '                 | \$ 0.0                 |

Cezary S Wysocki

Debtor 1

| Debtor 1 | Ceza                 | ary S Wysocki   |               | Ca           | se n | umber ( <i>if known</i> ) |                |             |               |        |
|----------|----------------------|---|---------------|--------------|------|---------------------------|----------------|-------------|---------------|--------|
|          | or more              | eligible to file a case under Chapter 13? 11 U.S.C. § 10 information, go online using the link for <i>Bankruptcy Basic</i> ns for this form. <i>Bankruptcy Basics</i> may also be available                             | cs specified  |              |      |                           |                |             |               |        |
|          | □ No. Go to line 37. |   |               |              |      |                           |                |             |               |        |
|          | Yes.                 | Fill in the following information.  |               |              |      |                           |                |             |               |        |
|          |                      | Projected monthly plan payment if you were filing under   | Chapter 13    | 3            | \$   | 50                        | 00.00          |             |               |        |
|          |                      | Current multiplier for your district as stated on the list iss<br>Administrative Office of the United States Courts (for dis<br>and North Carolina) or by the Executive Office for United<br>(for all other districts). | tricts in Ala |              | X    | 7.60                      | )              |             |               |        |
|          |                      | To find a list of district multipliers that includes your district the link specified in the separate instructions for this form be available at the bankruptcy clerk's office.   |               |              |      |                           |                | Copy total  |               |        |
|          |                      | Average monthly administrative expense if you were filing   | ig under Cl   | napter 13    |      | \$38                      | ~~             | here=> \$   |               | 38.00  |
| 37.      |                      | of the deductions for debt payment. es 33e through 36.  |               |              |      |                           |                |             | \$3,66        | 62.18  |
| Tota     | l Deduc              | tions from Income   |               |              |      |                           |                |             |               |        |
| 38.      | Add all c            | of the allowed deductions.  |               |              |      |                           |                |             |               |        |
|          |                      | ne 24, All of the expenses allowed under IRS<br>e allowances  | \$            | 9,199.0      | 0    |                           |                |             |               |        |
|          | Copy lin             | e 32, All of the additional expense deductions  | \$            | 338.8        | 7    |                           |                |             |               |        |
|          | Copy lin             | ne 37, All of the deductions for debt payment   | +\$           | 3,662.1      | 8    | _                         |                |             |               |        |
|          |                      | Total deductions  | \$            | 13,200.0     | 5_   | Copy total                | here           | => \$       | 13,           | 200.05 |
| Part 3   | Det                  | termine Whether There is a Presumption of Abuse   |               |              |      |                           |                |             |               |        |
| 39.      | Calculate            | e monthly disposable income for 60 months   |               |              |      |                           |                |             |               |        |
|          | 39a. Co              | py line 4, adjusted current monthly income  | \$            | 13,178.5     | 8    |                           |                |             |               |        |
|          | 39b. Co              | py line 38, Total deductions  | -\$           | 13,200.0     | 5    |                           |                |             |               |        |
|          |                      | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a  | \$            | -21.4        | 7    | Copy<br>here=>\$          |                | -21         | .47           |        |
|          | For the              | next 60 months (5 years)  |               |              |      |                           | x 60           |             |               |        |
|          | 39d. <b>To</b>       | tal. Multiply line 39c by 60  | 39d.          | \$           | -1   | 1,288.20                  | Copy<br>here=> | . \$_       | -1,28         | 88.20  |
| 40.      | ind out              | whether there is a presumption of abuse. Check the b  | ox that app   | olies:       |      |                           | ı              |             |               |        |
|          | ■ The I              | ine 39d is less than \$7,700*. On the top of page 1 of this   | s form, che   | ck box 1, Th | here | is no presui              | mption (       | of abuse. ( | Go to Part 5. |        |
|          |                      | ine 39d is more than \$12,850*. On the top of page 1 of t   | his form, c   | neck box 2,  | The  | ere is a presu            | ımption        | of abuse.   | You may fill  | out    |
|          | ☐ The I              | ine 39d is at least \$7,700*, but not more than \$12,850*   | . Go to line  | 41.          |      |                           |                |             |               |        |
| :        | Subject              | to adjustment on 4/01/19, and every 3 years after that for  | cases filed   | on or after  | the  | date of adju              | stment.        |             |               |        |

| Debtor 1   | Ceza      | ary S Wysocki  | Case number (if known)                                |
|------------|-----------|--|---|
| 41.        | 41a.      | Fill in the amount of your total nonpriority unsecured debt. If you filled a Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. |   |
|            | 41b.      | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25  |   |
| 25         | % of y    | ne whether the income you have left over after subtracting all allowed do your unsecured, nonpriority debt. ne box that applies:   | eductions is enough to pay                            |
|            |           | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, <i>Th</i> p Part 5.  | nere is no presumption of abuse.                      |
|            |           | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form, ch umption of abuse. You may fill out Part 4 if you claim special circumstances.  |   |
| Part 4:    | Giv       | ve Details About Special Circumstances   |   |
|            |           | we any special circumstances that justify additional expenses or adjustness alternative? 11 U.S.C. $\S$ 707(b)(2)(B).  | nents of current monthly income for which there is no |
| <b>■</b> N | No. Go    | o to Part 5.   |   |
|            |           | Il in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25.   | expense or income adjustment for each                 |
|            | ne        | ou must give a detailed explanation of the special circumstances that make the ecessary and reasonable. You must also give your case trustee documentation ljustments.   |   |
|            | G         | Give a detailed explanation of the special circumstances   | Average monthly expense or income adjustment          |
|            |           |  | \$  |
|            |           |  | \$  |
|            |           |  | <br>\$  |
|            |           |  | <u> </u>  |
| 2 E        | <br>  a:- | Palar.   |   |
| Part 5:    | _         | gn Below  Igning here, I declare under penalty of perjury that the information on this state   | amont and in any attachments is true and correct      |
|            | •         |  | ement and in any attachments is true and correct.     |
|            |           | / Cezary S Wysocki<br>ezary S Wysocki  |   |
| _          | Si        | gnature of Debtor 1  |   |
| Da         |           | <b>uly 3, 2018</b><br>M / DD / YYYY  |   |

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of New York

|                | Lasterr   | i District of New 1011  | N.   |                          |              |
|----------------|---|---|--|--------------------------|--------------|
| In re          | e Cezary S Wysocki  | D.1. ()   | Case No.   |                          |              |
|                |   | Debtor(s)   | Chapter  | 7                        |              |
|                | DISCLOSURE OF COMPENS   | ATION OF ATTOI  | RNEY FOR DE  | CBTOR(S)                 |              |
|                | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or   | f the petition in bankruptcy,   | or agreed to be paid   | to me, for services ren  | dered or to  |
|                | For legal services, I have agreed to accept   |   |  | 1,665.00                 |              |
|                | Prior to the filing of this statement I have received   |   | \$   | 1,665.00                 |              |
|                | Balance Due   |   | \$   | 0.00                     |              |
| 2.             | The source of the compensation paid to me was:  |   |  |                          |              |
|                | ■ Debtor □ Other (specify):   |   |  |                          |              |
| 3.             | The source of compensation to be paid to me is:   |   |  |                          |              |
|                | ■ Debtor □ Other (specify):   |   |  |                          |              |
| 4.             | ■ I have not agreed to share the above-disclosed compens  | ation with any other person   | unless they are mem  | pers and associates of r | ny law firm. |
|                | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names  |   |  |                          | v firm. A    |
| 5.             | In return for the above-disclosed fee, I have agreed to rende   | er legal service for all aspect   | s of the bankruptcy c  | ase, including:          |              |
|                | <ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statemed</li> <li>c. Representation of the debtor at the meeting of creditors at</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reduce reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house</li> </ul> | ent of affairs and plan which<br>and confirmation hearing, ar<br>uce to market value; exe<br>as needed; preparation | may be required;<br>and any adjourned hea<br>emption planning; | rings thereof;           | ing of       |
| 6.             | By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any dischange of the adversary proceeding.   |   |  | es, relief from stay     | actions or   |
|                | (   | CERTIFICATION   |  |                          |              |
|                | I certify that the foregoing is a complete statement of any agbankruptcy proceeding.  | greement or arrangement for   | payment to me for re   | epresentation of the del | otor(s) in   |
| J              | July 3, 2018  | /s/ Richard A. Jac  | oby, Esq.  |                          |              |
| $\overline{I}$ | Date  | Richard A. Jacob  |  |                          | _            |
|                |   | Signature of Attorne  Jacoby & Jacoby   | y<br>, Attorneys At Lav  | v                        |              |
|                |   | 1737 North Ocean  | n Avenue   |                          |              |
|                |   | Medford, NY 1176<br>631-289-4600  | o3   |                          |              |
|                |   | Name of law firm  |  |                          | _            |

# **United States Bankruptcy Court Eastern District of New York**

| In re | Cezary S Wysocki |           | Case No. |   |
|-------|------------------|-----------|----------|---|
|       |                  | Debtor(s) | Chapter  | 7 |

## **VERIFICATION OF CREDITOR MATRIX**

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: July 3, 2018

/s/ Cezary S Wysocki
Cezary S Wysocki
Signature of Debtor

Date: July 3, 2018

/s/ Richard A. Jacoby, Esq.
Signature of Attorney
Richard A. Jacoby, Esq.
Jacoby & Jacoby, Attorneys At Law
1737 North Ocean Avenue

Medford, NY 11763 631-289-4600

USBC-44 Rev. 9/17/98

140-50 Burden Crescent Qwners Corp c/o Robert L. Gordon 21 Swan Street Palisades, NY 10964

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Discover Financial Po Box 3025 New Albany, OH 43054

Mr. Cooper Attn: Bankruptcy 8950 Cypress Waters Blvd Coppell, TX 75019

Pay Pal Credit P.O. Box 105658 Atlanta, GA 30348-5658

Robert L. Gordon 21 Swan Street Palisades, NY 10964

SST/Best Egg Attn: Bankruptcy 4315 Pickett Rd Saint Joseph, MO 64503

Wells Fargo Home Mor Attn: Bankruptcy Mac X7801-014 3476 Stateview Blvd Fort Mill, SC 29715 Case 8-18-74507-reg Doc 1 Filed 07/03/18 Entered 07/03/18 13:03:59

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

### STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

| <b>DEBTOR(S):</b>   | Cezary S Wysocki   | CASE NO.:.   |
|---|--|--|
|   |  | (b), the debtor (or any other petitioner) hereby makes the following disclosure lowledge, information and belief:  |
| was pending at any<br>spouses or ex-spous<br>partnership and one<br>have, or within 180 | time within eight years before the<br>es; (iii) are affiliates, as defined<br>or more of its general partners; | purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case are filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a (vi) are partnerships which share one or more common general partners; or (vii) ither of the Related Cases had, an interest in property that was or is included in the ] |
| ■ NO RELATED  | CASE IS PENDING OR HAS B   | BEEN PENDING AT ANY TIME.  |
| ☐ THE FOLLOWI   | NG RELATED CASE(S) IS PE   | NDING OR HAS BEEN PENDING:   |
|   |  |  |
| 1. CASE NO.:  | JUDGE: DISTRICT  | "/DIVISION:  |
| CASE STILL PENI   | DING (Y/N):  | [If closed] Date of closing:   |
| CURRENT STATE   | JS OF RELATED CASE:  |  |
|   |  | (Discharged/awaiting discharge, confirmed, dismissed, etc.)  |
| MANNER IN WH  | ICH CASES ARE RELATED (F   | Refer to NOTE above):  |
|   | LISTED IN DEBTOR'S SCHE<br>F RELATED CASE:   | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 2. CASE NO.:  | JUDGE: DISTRICT  | 7/DIVISION:  |
| CASE STILL PENI   | DING (Y/N):  | [If closed] Date of closing:   |
| CURRENT STATE   | JS OF RELATED CASE:  | (Discharged/awaiting discharge, confirmed, dismissed, etc.)  |
| MANNER IN WH  | ICH CASES ARE RELATED (F   | Refer to NOTE above):  |
|   | LISTED IN DEBTOR'S SCHE<br>F RELATED CASE:   | DULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN  |
| 3. CASE NO.:  | JUDGE: DISTRICT  | V/DIVISION:  |
| CASE STILL PENI   | DING (Y/N):  | [If closed] Date of closing:   |

| DISCLOSURE OF RELATED CASES (cont'd)   |   |
|--|---|
| CURRENT STATUS OF RELATED CASE: (Discharg  | ed/awaiting discharge, confirmed, dismissed, etc.)  |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE   |   |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("R SCHEDULE "A" OF RELATED CASE:  | EAL PROPERTY") WHICH WAS ALSO LISTED IN   |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals who have be eligible to be debtors. Such an individual will be required to file | we had prior cases dismissed within the preceding 180 days may not e a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNE   | Y, AS APPLICABLE:   |
| I am admitted to practice in the Eastern District of New York (Y/N   | ): <u>Y</u>   |
| CERTIFICATION (to be signed by pro se debtor/petitioner or debt  | tor/petitioner's attorney, as applicable):  |
| I certify under penalty of perjury that the within bankruptcy case is as indicated elsewhere on this form.                                       | not related to any case now pending or pending at any time, except  |
| /s/ Richard A. Jacoby, Esq.  |   |
| Richard A. Jacoby, Esq. Signature of Debtor's Attorney Jacoby & Jacoby, Attorneys At Law 1737 North Ocean Avenue                                 | Signature of Pro Se Debtor/Petitioner   |
| Medford, NY 11763<br>631-289-4600  | Signature of Pro Se Joint Debtor/Petitioner   |
|  | Mailing Address of Debtor/Petitioner  |
|  | City, State, Zip Code   |
|  | Area Code and Telephone Number  |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009